

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

16 APR 13 PM 12:17

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 C C00558122 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT 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) X January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on ... in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on ... in the State of

5. Covering Period M M D D Y Y 10 01 2015 through M M D D Y Y 12 31 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 Rich Danker Date 04 07 2016

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

Office Use Only grid and FEC FORM 3 (Revised 02/2003)

201604130200090331

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**BELL FOR SENATE**

Report Covering the Period: From: <sup>M</sup>10 <sup>D</sup>01 <sup>Y</sup>2015 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	6911.07	566349.88
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	6911.07	566149.88
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	8132.95	511383.76
(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))...	8132.95	511383.76
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	<b>2483.47</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	<b>15911.63</b>	

**For further information contact:**

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

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

201604130200090332

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**BELL FOR SENATE**

Report Covering the Period: From: <sup>M M / D D / Y Y</sup> 10 01 / 2015 To: <sup>M M / D D / Y Y</sup> 12 31 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)...	2250.00	418104.93
(ii) Unitemized .....	4661.07	83019.95
(iii) TOTAL of contributions from individuals .	6911.07	501124.88
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	65225.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6911.07	566349.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	250.00	35000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	250.00	35000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....		
	0.00	0.08
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	7161.07	601349.96

201604130200090333

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	8132.95	511383.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	2750.00	35000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	2750.00	35000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...	0.00	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))...	0.00	200.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10882.95	546583.76

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	6205.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	7161.07
25. SUBTOTAL (add Line 23 and Line 24)...	13366.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	10882.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	2483.47

201604130200090334

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

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

FOR LINE NUMBER: PAGE 5 OF 19  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**BELL FOR SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**Hadley Arkes**

Mailing Address **68 Woodside Ave**

City **Amherst** State **MA** Zip Code **01002**

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

Name of Employer **Amherst College** Occupation **Professor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D Y Y Y  
 12 / 09 2015

Transaction ID : **SA11AI.9034**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
 2014 General Debt Retirement

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

Mailing Address **6278 N Federal Hwy #311**

City **Fort Lauderdale** State **FL** Zip Code **33308**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D Y Y Y  
 12 / 23 2015

Transaction ID : **SA11AI.9035**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
 2014 General Debt Retirement

**C.** Full Name (Last, First, Middle Initial)  
**William Clark**

Mailing Address **3716 Maplewood Ave**

City **Dallas** State **TX** Zip Code **75205**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D Y Y Y  
 12 / 31 2015

Transaction ID : **SA11AI.9048**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
 2014 General Debt Retirement

**SUBTOTAL** of Receipts This Page (optional)..... **1250.00**

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

201604130200090335

**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 19
	<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)  
**BELL FOR SENATE**

Full Name (Last, First, Middle Initial) <b>Georgette Denlinger</b>		Date of Receipt M M D D Y Y 11 03 2015
Mailing Address 10 Geranium Drive		Transaction ID : SA11AI.9031
City Marlton	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Memo Item 2014 General Debt Retirement
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>David Gosselin</b>		Date of Receipt M M D D Y Y 12 31 2015
Mailing Address 62 Jordan Rd		Transaction ID : SA11AI.9051
City Willimantic	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self	Occupation Insurance Sales	<input type="checkbox"/> Memo Item 2014 General Debt Retirement
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00	

Full Name (Last, First, Middle Initial) <b>Richard Kamin</b>		Date of Receipt M M D D Y Y 12 23 2015
Mailing Address 13 Downstream Dr		Transaction ID : SA11AI.9036
City Flanders	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
Name of Employer Kamin Consulting Group	Occupation Partner	<input type="checkbox"/> Memo Item 2014 General Debt Retirement
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090336

**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 19			
	(check only one)			
<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	

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NAME OF COMMITTEE (In Full)  
**BELL FOR SENATE**

Full Name (Last, First, Middle Initial) <b>A. Gilbert Shelton</b>		Date of Receipt M M D D Y Y Y 12 31 2015
Mailing Address 18253 Moss Neck Manor Rd		Transaction ID : SA11AI.9047
City Fredericksburg	State VA	Zip Code 22408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Memo Item 2014 General Debt Retirement
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M D
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	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M D
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	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	2250.00

20160413020090337

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

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

FOR LINE NUMBER: PAGE 8 OF 19

(check only one)

<input type="checkbox"/> 11a 12	<input checked="" 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)  
**BELL FOR SENATE**

<b>A.</b> Full Name (Last, First, Middle Initial) JEFFREY BELL		Date of Receipt M M D D Y Y 11 09 2015	
Mailing Address 132 CHRISTIE ST		Transaction ID : SA13A.9065	
City LEONIA	State NJ	Zip Code 07605	Amount of Each Receipt this Period \$ 250.00
FEC ID number of contributing federal political committee. <b>C</b> S8NJ00012		Amount of Each Receipt this Period \$ 250.00	
Name of Employer Bell for Senate	Occupation Candidate		<input type="checkbox"/> Memo Item Loan to Campaign
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 4250.00		
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer	Occupation		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M D D Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer	Occupation		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		\$ 250.00	
<b>TOTAL</b> This Period (last page this line number only).....		\$ 250.00	

20160413020090338



**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 19			
	<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) <b>A. Adobe</b>		Date of Disbursement M M D D Y Y 10 19 2015	
Mailing Address 345 Park Ave		Amount of Each Disbursement this Period 51.04	
City San Jose	State CA	Zip Code 95110	<input type="checkbox"/> Memo Item Transaction ID : SB17.9006
Purpose of Disbursement Subscription		001 Category/ Type	
Candidate Name <b>BELL FOR SENATE</b>			
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>B. AMTG Solutions</b>		Date of Disbursement M M D D Y Y 10 25 2015	
Mailing Address 9803 Allenford Circle #301		Amount of Each Disbursement this Period 260.00	
City Rockville	State MD	Zip Code 20850	<input type="checkbox"/> Memo Item Transaction ID : SB17.8982
Purpose of Disbursement Website Design		001 Category/ Type	
Candidate Name <b>BELL FOR SENATE</b>			
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>c. Capital One</b>		Date of Disbursement M M D D Y Y Y 10 05 2015	
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 490.00	
City Charlotte	State NC	Zip Code 28272	<input type="checkbox"/> Memo Item Transaction ID : SB17.9009
Purpose of Disbursement Credit Card Payment		001 Category/ Type	
Candidate Name <b>BELL FOR SENATE</b>			
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		

SUBTOTAL of Disbursements This Page (optional).....	801.04
TOTAL This Period (last page this line number only).....	

201604130200090339

**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 10 OF 19

<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) <b>A. Capital One</b>		Date of Disbursement M M / D D Y Y 11 10 2015
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 497.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.9017
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Credit Card Payment	Category/ Type 001
Candidate Name <b>BELL FOR SENATE</b>	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>B. Capital One</b>		Date of Disbursement M M / D D Y Y 12 31 2015
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.9025
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Credit Card Payment	Category/ Type 001
Candidate Name <b>BELL FOR SENATE</b>	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>C. Rich Danker</b>		Date of Disbursement M M / D D Y Y 10 26 2015
Mailing Address 4390 Lorcom Ln. Apt 202		Amount of Each Disbursement this Period 49.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.9004
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Management Consulting	Category/ Type 001
Candidate Name <b>BELL FOR SENATE</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2046.00
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090340

**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 19			
	<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) <b>A. Rich Danker</b>		Date of Disbursement M M D D Y Y 11 25 2015
Mailing Address 4390 Lorcom Ln. Apt 202		Amount of Each Disbursement this Period \$ 579.35 <input type="checkbox"/> Memo Item Transaction ID : SB17.9018
City Arlington	State VA	
Zip Code 22207		Category/ Type 001
Purpose of Disbursement Management Consulting		
Candidate Name <b>BELL FOR SENATE</b>		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>B. GoDaddy</b>		Date of Disbursement M M D D Y Y 10 21 2015
Mailing Address 14455 N. Hayden Rd Suite 219		Amount of Each Disbursement this Period \$ 13.17 <input type="checkbox"/> Memo Item Transaction ID : SB17.8980
City Scottsdale	State AZ	
Zip Code 85260		Category/ Type 001
Purpose of Disbursement Website		
Candidate Name <b>BELL FOR SENATE</b>		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>C. Rao Group</b>		Date of Disbursement M M D D Y Y 12 01 2015
Mailing Address 4020 Amyington Dr		Amount of Each Disbursement this Period \$ 819.20 <input type="checkbox"/> Memo Item Transaction ID : SB17.9019
City Charlotte	State NC	
Zip Code 28226		Category/ Type 001
Purpose of Disbursement Fundraising Consulting		
Candidate Name <b>BELL FOR SENATE</b>		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$ 1411.72
<b>TOTAL</b> This Period (last page this line number only) .....	\$ .00

201604130200090341

**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 19			
	<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) <b>A. Rao Group</b>		Date of Disbursement M M D D Y Y 12 01 2015
Mailing Address 4020 Amyington Dr		Amount of Each Disbursement this Period 731.51 <input type="checkbox"/> Memo Item Transaction ID : SB17.9020
City Charlotte	State NC	
Zip Code 28226	Purpose of Disbursement Fundraising Consulting	001 Category/ Type
Candidate Name <b>BELL FOR SENATE</b>	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>B. TCD Compliance</b>		Date of Disbursement M M D D Y Y 11 20 2015
Mailing Address 3365 Cherry Ln Unit D		Amount of Each Disbursement this Period 375.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.9015
City Woodbury	State MN	
Zip Code 55129	Purpose of Disbursement Accounting and Reporting	001 Category/ Type
Candidate Name <b>BELL FOR SENATE</b>	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>C. USPS</b>		Date of Disbursement M M D D Y Y Y 12 04 2015
Mailing Address 360 Broad Ave		Amount of Each Disbursement this Period 2584.80 <input type="checkbox"/> Memo Item Transaction ID : SB17.9022
City Princeton	State NJ	
Zip Code 07605	Purpose of Disbursement Direct Mail Postage	001 Category/ Type
Candidate Name <b>BELL FOR SENATE</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3691.31
<b>TOTAL</b> This Period (last page this line number only).....	

20160413020090342

**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**

**A. Wall Street Journal**

Full Name (Last, First, Middle Initial)  
Mailing Address 200 Liberty Street

City New York State NY Zip Code 10281

Purpose of Disbursement Subscription

Candidate Name **BELL FOR SENATE**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

Date of Disbursement: 10 / 29 / 2015

Amount of Each Disbursement this Period: 103.35

Category/Type: 001

Transaction ID : SB17.9003

**B. Wells Fargo**

Full Name (Last, First, Middle Initial)  
Mailing Address 2213 North Glebe Road

City Arlington State VA Zip Code 22207

Purpose of Disbursement Bank Fees

Candidate Name **BELL FOR SENATE**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

Date of Disbursement: 10 / 31 / 2015

Amount of Each Disbursement this Period: 17.00

Category/Type: 001

Transaction ID : SB17.9002

**c. Wells Fargo**

Full Name (Last, First, Middle Initial)  
Mailing Address 2213 North Glebe Road

City Arlington State VA Zip Code 22207

Purpose of Disbursement Bank Fees

Candidate Name **BELL FOR SENATE**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

Date of Disbursement: 11 / 30 / 2015

Amount of Each Disbursement this Period: 17.00

Category/Type: 001

Transaction ID : SB17.9014

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	137.35
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090343

**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 19	
	<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) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y 12 / 31 / 2015	
Mailing Address 2213 North Glebe Road		Amount of Each Disbursement this Period 14.00	
City Arlington	State VA	Zip Code 22207	Category/ Type 001
Purpose of Disbursement Bank Fees		Memo Item <input type="checkbox"/>	
Candidate Name <b>BELL FOR SENATE</b>		Transaction ID : SB17.9021	
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>B.</b>		Date of Disbursement M / D D / Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	Category/ Type
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name		Transaction ID	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	Category/ Type
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name		Transaction ID	
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).....	8101.42

201604130200090344

**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 19	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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) <b>A. JEFFREY BELL</b>		Date of Disbursement M M / D D Y Y 12 / 07 2015
Mailing Address 132 CHRISTIE ST		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : SB19A.9062
City LEONIA	State NJ	
Zip Code 07605	Purpose of Disbursement Loan Payment	Category/ Type 001
Candidate Name <b>BELL FOR SENATE</b>	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>B. JEFFREY BELL</b>		Date of Disbursement M M / D D Y Y 12 / 09 2015
Mailing Address 132 CHRISTIE ST		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Transaction ID : SB19A.9063
City LEONIA	State NJ	
Zip Code 07605	Purpose of Disbursement Loan Payment	Category/ Type 001
Candidate Name <b>BELL FOR SENATE</b>	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>C. JEFFREY BELL</b>		Date of Disbursement M M / D D Y Y 12 / 31 2015
Mailing Address 132 CHRISTIE ST		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item Transaction ID : SB19A.9066
City LEONIA	State NJ	
Zip Code 07605	Purpose of Disbursement Loan Payment	Category/ Type 001
Candidate Name <b>BELL FOR SENATE</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	2750.00

201604130200090345

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.8199**

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

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 132 CHRISTIE ST

City State ZIP Code  
 LEONIA NJ 07605

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
02 24 2015	12/31/2015	0.00 % (apr)	<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: , ,

<b>SUBTOTALS</b> This Period This Page (optional)...	0.00
<b>TOTALS</b> 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.

201604130200090346



**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*  Memo Item  
**JEFFREY BELL**

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
132 CHRISTIE ST

City State ZIP Code  
LEONIA NJ 07605

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

TERMS Date Incurred Date Due Interest Rate Secured:

<sup>M</sup>04<sup>D</sup>16<sup>Y</sup>2015 <sup>M</sup>12<sup>D</sup>31<sup>Y</sup>2015 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).... ▶ 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.

201604130200090347

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : SC/10.9065

LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item **JEFFREY BELL** Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
132 CHRISTIE ST

City State ZIP Code  
LEONIA NJ 07605

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250.00	250.00	0.00

TERMS Date Incurred Date Due Interest Rate Secured:  
 11<sup>M</sup> 09<sup>D</sup> 2015 12/31/2015 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)...	0.00
TOTALS This Period (last page in this line only)...	1500.00

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

20160413020090348

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 19
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**BELL FOR SENATE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Capital One</b>	Nature of Debt (Purpose): Credit Card Debt
Mailing Address PO Box 71083	
City State Zip Code Charlotte NC 28272	

Outstanding Balance Beginning This Period		Transaction ID : SD10.5743
11702.79		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2487.00	9215.79

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Chase</b>	Nature of Debt (Purpose): Credit Card Debt
Mailing Address PO Box 15123	
City State Zip Code Wilmington DE 19850	

Outstanding Balance Beginning This Period		Transaction ID : SD10.8167
5195.84		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5195.84

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) ...	14411.63
2) TOTALS This Period (last page this line number only) ...	14411.63
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	1500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	15911.63

201604130200090349

**Hand Delivered**

201604130200090350

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

ELECTRONICALLY DELIVERED \_\_\_\_\_

Date of Receipt

HAND DELIVERED \_\_\_\_\_

Date of Receipt

4-13-16

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 \_\_\_\_\_

AIRBORNE EXPRESS \_\_\_\_\_

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX \_\_\_\_\_

Date of Receipt

OTHER \_\_\_\_\_

Date of Receipt or Postmark

PREPARER

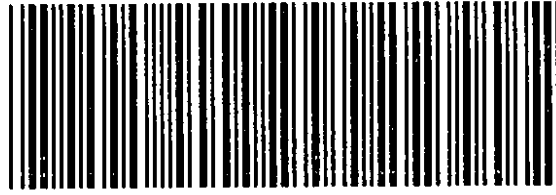
DH

DATE PREPARED

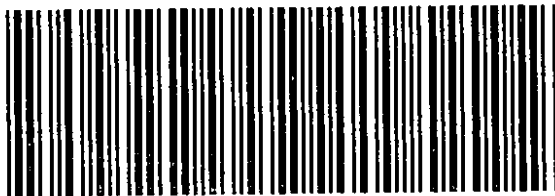
4-13-16

4/04/16

201604130200090351



SEN PATCH



SEN PATCH

201604130200090352