

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

SECRETARY OF THE SENATE

Office Use Only 16 APR 13 PM 12:19

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
3. IS THIS REPORT NEW (N) OR AMENDED (A) X
CITY STATE ZIP CODE STATE DISTRICT NJ 00

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
X 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 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 in the State of

5. Covering Period 04 01 2015 through 06 30 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 06 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.

201604130200090371

Office Use Only table with 8 columns and 1 row. Includes text: FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
BELL FOR SENATE

Report Covering the Period: From: ^M04 ^D01 ^Y2015 To: ^M06 ^D30 ^Y2015

| | 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 | 566349.88 |
| (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 | 566149.88 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) .. | 14792.66 | 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))... | 14792.66 | 511383.76 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)... | 6884.72 | |
| 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)... | 21148.63 | |

For further information contact:

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

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

201604130200090372

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 24

Write or Type Committee Name

BELL FOR SENATE

Report Covering the Period: From: 04 01 2015 To: 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 | 418104.93 |
| (ii) Unitemized | 0.00 | 83019.95 |
| (iii) TOTAL of contributions from individuals | 13900.00 | 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)).. | 13900.00 | 566349.88 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .. | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate... | 1500.00 | 35000.00 |
| (b) All Other Loans... | 2700.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))... | 4200.00 | 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)... | 18100.00 | 601349.96 |

20160413020090373

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES... | 14792.66 | 511383.76 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .. | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate... | 0.00 | 35000.00 |
| (b) Of All Other Loans | 2700.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))... | 2700.00 | 35000.00 |
| 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 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 17792.66 | 546583.76 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD... | 6577.38 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)... | 18100.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)... | 24677.38 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)... | 17792.66 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)... | 6884.72 |

201604130200090374

**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 24 | | | |
| | (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 | |

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

A. Full Name (Last, First, Middle Initial)
Martin Boles

Mailing Address 288 Arbolada Drive

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Arcadia | CA | 91006 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| Kirkland & Ellis | Lawyer |

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Transaction ID : SA11AI.8284

Amount of Each Receipt this Period
2700.00

Memo Item
2014 General Debt Retirement

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

Mailing Address 23400 Dover Rd.

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Middleburg | VA | 22207 |

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

| | |
|-------------------|------------|
| Name of Employer | Occupation |
| Glory Day's Grill | Owner |

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2015

Transaction ID : SA11AI.8292

Amount of Each Receipt this Period
500.00

Memo Item
2014 General Debt Retirement

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

Mailing Address 623 5th Ave
FI 27

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10019 |

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

| | |
|------------------|-------------------|
| Name of Employer | Occupation |
| Equinox Partners | Financial Analyst |

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2015

Transaction ID : SA11AI.8290

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

5900.00

201604130200090375

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

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

FOR LINE NUMBER: PAGE 6 OF 24
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle Initial)
A. Lewis Lehrman

Mailing Address **62-A Cherry Valley Rd**

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Lehrman and Co. Partner

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : **SA11AI.8288**

Amount of Each Receipt this Period
2700.00

Memo Item
 2014 General Debt Retirement

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

Mailing Address **600 Rt. 25A**

City State Zip Code
East Setauket NY 11733

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

Name of Employer Occupation
Renaissance Technologies Investor

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : **SA11AI.8285**

Amount of Each Receipt this Period
2600.00

Memo Item
 2014 General Debt Retirement

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

Mailing Address **600 Rt. 25A**

City State Zip Code
East Setauket NY 11733

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

Name of Employer Occupation
Renaissance Technologies Investor

Receipt For: 2018
 Primary General
 Other (specify)
 Election Cycle-to-Date
5300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : **SA11AI.8287**

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

8000.00
13900.00

201604130200090376

**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 24 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input checked="" 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) JEFFREY BELL | | Date of Receipt M M / D D / Y Y 04 / 16 / 2015 |
| Mailing Address 132 CHRISTIE ST | | Transaction ID : SA13A.8296 |
| City LEONIA | State NJ | Zip Code 07605 |
| FEC ID number of contributing federal political committee. C S8NJ00012 | | Amount of Each Receipt this Period 1500.00 |
| Name of Employer Bell for Senate | Occupation Candidate | <input type="checkbox"/> Memo Item <input type="checkbox"/> Campaign Loan |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 4000.00 | |

| | | |
|---|------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| 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) | | Date of Receipt |
| 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 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | 1500.00 |

201604130200090377

**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 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 type="checkbox"/> 13a | <input checked="" 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)
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: 2014
 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

Memo Item
 Campaign Loan

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

Amount of Each Receipt this Period

Memo Item

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 Y Y

Amount of Each Receipt this Period

Memo Item

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2700.00 |
| TOTAL This Period (last page this line number only)..... | 2700.00 |

201604130200090378

**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 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. Adobe | | Date of Disbursement M M D D Y Y 04 16 2015 |
| Mailing Address 345 Park Ave | | Amount of Each Disbursement this Period 21.39 <input type="checkbox"/> Memo Item Transaction ID : SB17.8306 |
| City San Jose State CA Zip Code 95110 | Purpose of Disbursement Software subscription Candidate Name BELL FOR SENATE Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Adobe | | Date of Disbursement M M D D Y Y 05 18 2015 |
| Mailing Address 345 Park Ave | | Amount of Each Disbursement this Period 21.39 <input type="checkbox"/> Memo Item Transaction ID : SB17.8320 |
| City San Jose State CA Zip Code 95110 | Purpose of Disbursement Software subscription Candidate Name BELL FOR SENATE Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Adobe | | Date of Disbursement M M D D Y Y 06 16 2015 |
| Mailing Address 345 Park Ave | | Amount of Each Disbursement this Period 21.39 <input type="checkbox"/> Memo Item Transaction ID : SB17.8328 |
| City San Jose State CA Zip Code 95110 | Purpose of Disbursement Software subscription Candidate Name BELL FOR SENATE Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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

201604130200090379

**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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

| | | | | | |
|--|--|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Amazon | | | Date of Disbursement M M / D D / Y Y / 06 / 08 / 2015 | | |
| Mailing Address 410 Terry Avenue North | | | Amount of Each Disbursement this Period 21.21 <input type="checkbox"/> Memo Item Transaction ID : SB17.8327 | | |
| City Seattle | State WA | Zip Code 98109 | | | |
| Purpose of Disbursement Office supplies | | Candidate Name BELL FOR SENATE | Category/ Type 001 | | |
| 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. Amazon | | | Date of Disbursement M M / D D / Y Y / 06 / 25 / 2015 | | |
| Mailing Address 410 Terry Avenue North | | | Amount of Each Disbursement this Period 45.99 <input type="checkbox"/> Memo Item Transaction ID : SB17.8329 | | |
| City Seattle | State WA | Zip Code 98109 | | | |
| Purpose of Disbursement Printing supplies | | Candidate Name BELL FOR SENATE | Category/ Type 001 | | |
| 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. Boyarsky Silbert Silverman Vas | | | Date of Disbursement M M / D D / Y Y / 04 / 30 / 2015 | | |
| Mailing Address 6151 Executive Blvd | | | Amount of Each Disbursement this Period 1800.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8315 | | |
| City Rockville | State MD | Zip Code 20852 | | | |
| Purpose of Disbursement Tax preparation | | Candidate Name BELL FOR SENATE | Category/ Type 001 | | |
| 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)..... | | | 1867.20 | | |
| TOTAL This Period (last page this line number only)..... | | | | | |

201604130200090380

**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 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. Capital One | | | Date of Disbursement M M / D D / Y Y / 06 / 30 / 2015 | | |
| Mailing Address PO Box 71083 | | | Amount of Each Disbursement this Period 1400.00 | | |
| City Charlotte | State NC | Zip Code 28272 | Category/Type 001 | | |
| Purpose of Disbursement Credit Card Debt Payment | | Memo Item <input type="checkbox"/> | | | |
| Candidate Name BELL FOR SENATE | | Transaction ID : SB17.8297 | | | |
| 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 M M / D D / Y Y / 06 / 30 / 2015 | | |
| Mailing Address PO Box 15123 | | | Amount of Each Disbursement this Period 1250.00 | | |
| City Wilmington | State DE | Zip Code 19850 | Category/Type 001 | | |
| Purpose of Disbursement Credit Card Debt Payment | | Memo Item <input type="checkbox"/> | | | |
| Candidate Name BELL FOR SENATE | | Transaction ID : SB17.8298 | | | |
| 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 M M / D D / Y Y / 05 / 28 / 2015 | | |
| Mailing Address 17 Westminster Gate | | | Amount of Each Disbursement this Period 2000.00 | | |
| City Bergenfield | State NJ | Zip Code 07631 | Category/Type 001 | | |
| Purpose of Disbursement Direct mail | | Memo Item <input type="checkbox"/> | | | |
| Candidate Name BELL FOR SENATE | | Transaction ID : SB17.8325 | | | |
| 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)..... | 4650.00 |
| TOTAL This Period (last page this line number only)..... | |

201604130200090381

**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 |
| 20a | 20b | 20c | 21 |

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. Rich Danker | | Date of Disbursement M M / O D / Y Y Y 05 / 13 / 2015 |
| Mailing Address 4390 Lorcom Ln. Apt 202 | | Amount of Each Disbursement this Period 103.26 <input type="checkbox"/> Memo Item 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 M M / O D / Y Y Y 05 / 13 / 2015 |
| Mailing Address 360 Broad Ave | | Amount of Each Disbursement this Period 29.15 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8279.0 |
| 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 M M / O D / Y Y Y 05 / 13 / 2015 |
| Mailing Address 166 Linwood Plaza | | Amount of Each Disbursement this Period 74.11 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8279.1 |
| 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) | |

201604130200090382

**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

| | | |
|--|--|---|
| A. Rich Danker Full Name (Last, First, Middle Initial) Mailing Address 4390 Lorcom Ln. Apt 202 City Arlington State VA Zip Code 22207 Purpose of Disbursement Mileage 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 | | Date of Disbursement M M / D D Y Y Y 05 22 2015 Amount of Each Disbursement this Period \$ 456.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8282 |
| B. Dow Jones Full Name (Last, First, Middle Initial) Mailing Address 1155 6th Ave 7th Fl City New York State NY Zip Code 10036 Purpose of Disbursement Newspaper subscription 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 | | Date of Disbursement M M / D D Y Y Y 04 30 2015 Amount of Each Disbursement this Period \$ 93.60 <input type="checkbox"/> Memo Item Transaction ID : SB17.8312 |
| C. Emmanuel AME Church Full Name (Last, First, Middle Initial) Mailing Address 110 Calhoun St City Charleston State SC Zip Code 29401 Purpose of Disbursement Charitable contribution 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 | | Date of Disbursement M M / D D Y Y Y 06 22 2015 Amount of Each Disbursement this Period \$ 500.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8302 |
| SUBTOTAL of Disbursements This Page (optional)..... | | \$ 1049.60 |
| TOTAL This Period (last page this line number only)..... | | \$ |

201604130200090383

**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 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. Google | | Date of Disbursement MM / DD / YYYY 05 / 04 / 2015 |
| Mailing Address 1600 Ampitheatre Pkwy | | Amount of Each Disbursement this Period 4.50 <input type="checkbox"/> Memo Item Transaction ID : SB17.8319 |
| City Mountain View | State CA | |
| Zip Code 94041 | Purpose of Disbursement Email communications | 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. Google | | Date of Disbursement MM / DD / YYYY 06 / 06 / 2015 |
| Mailing Address 1600 Ampitheatre Pkwy | | Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8304 |
| City Mountain View | State CA | |
| Zip Code 94041 | Purpose of Disbursement Email communications | 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. Intuit | | Date of Disbursement MM / DD / YYYY 04 / 02 / 2015 |
| Mailing Address 2632 Marine Way | | Amount of Each Disbursement this Period 62.95 <input type="checkbox"/> Memo Item Transaction ID : SB17.8303 |
| City Mountain View | State CA | |
| Zip Code 94043 | Purpose of Disbursement Accounting | 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 | |

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

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**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 | |

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. New Jersey Division of Taxation | | Date of Disbursement M M / D D / Y Y Y 05 / 01 / 2015 |
| Mailing Address 50 Barrack St | | Amount of Each Disbursement this Period 1235.62 <input type="checkbox"/> Memo Item Transaction ID : SB17.8318 |
| City Trenton | State NJ | |
| Zip Code 08695 | Purpose of Disbursement Tax 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: 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. Rao Group | | Date of Disbursement M M / D D / Y Y 05 / 26 / 2015 |
| Mailing Address 4020 Amyington Dr | | Amount of Each Disbursement this Period 1060.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8321 |
| City Charlotte | State NC | |
| Zip Code 28226 | Purpose of Disbursement Fundraising consulting services | 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) c. TCD Compliance | | Date of Disbursement M M / D D / Y Y 05 / 22 / 2015 |
| Mailing Address 3365 Cherry Ln Unit D | | Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8323 |
| City Woodbury | State MN | |
| Zip Code 55129 | Purpose of Disbursement Campaign finance compliance | 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 | |

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

201604130200090385

**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 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. U.S. Treasury Department | | Date of Disbursement M M D D Y Y 04 21 2015 |
| Mailing Address 1500 Pennsylvania Ave. NW | | Amount of Each Disbursement this Period - - - - - 42.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8307 |
| City Washington State DC Zip Code 20220 | Purpose of Disbursement Tax payment 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. U.S. Treasury Department | | Date of Disbursement M M D D Y Y 04 23 2015 |
| Mailing Address 1500 Pennsylvania Ave. NW | | Amount of Each Disbursement this Period - - - - - 3025.51 <input type="checkbox"/> Memo Item Transaction ID : SB17.8316 |
| City Washington State DC Zip Code 20220 | Purpose of Disbursement Tax payment 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. U.S. Treasury Department | | Date of Disbursement M M D D Y Y 06 30 2015 |
| Mailing Address 1500 Pennsylvania Ave. NW | | Amount of Each Disbursement this Period - - - - - 298.51 <input type="checkbox"/> Memo Item Transaction ID : SB17.8332 |
| City Washington State DC Zip Code 20220 | Purpose of Disbursement Tax payment 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 | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3366.02 |
| TOTAL This Period (last page this line number only)..... | |

201604130200090386

**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 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. U.S. Treasury Department | | Date of Disbursement M M . D D / Y Y Y 06 30 2015 | |
| Mailing Address 1500 Pennsylvania Ave. NW | | Amount of Each Disbursement this Period 819.34 | |
| City Washington | State DC | Zip Code 20220 | <input type="checkbox"/> Memo Item Transaction ID : SB17.8333 |
| Purpose of Disbursement Tax payment | | 001 | |
| Candidate Name BELL FOR SENATE | | Category/ Type | |
| 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. Wells Fargo | | Date of Disbursement M M . D D / Y Y Y 04 30 2015 | |
| Mailing Address 2213 North Glebe Road | | Amount of Each Disbursement this Period 14.00 | |
| City Arlington | State VA | Zip Code 22207 | <input type="checkbox"/> Memo Item Transaction ID : SB17.8313 |
| Purpose of Disbursement Service fee | | 001 | |
| Candidate Name BELL FOR SENATE | | Category/ Type | |
| 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. Wells Fargo | | Date of Disbursement M M . D D / Y Y Y 05 08 2015 | |
| Mailing Address 2213 North Glebe Road | | Amount of Each Disbursement this Period 3.00 | |
| City Arlington | State VA | Zip Code 22207 | <input type="checkbox"/> Memo Item Transaction ID : SB17.8997 |
| Purpose of Disbursement Bank Fees | | 001 | |
| Candidate Name BELL FOR SENATE | | Category/ Type | |
| 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)..... | 836.34 |
| TOTAL This Period (last page this line number only)..... | |

201604130200090387

**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 05 / 29 / 2015 |
| Mailing Address 2213 North Glebe Road | | Amount of Each Disbursement this Period 14.00 <input type="checkbox"/> Memo Item |
| City Arlington | State VA | |
| Purpose of Disbursement Bank Fees | Zip Code 22207 | Transaction ID : SB17.8326 |
| Candidate Name BELL FOR SENATE | Category/ Type 001 | |
| 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. 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 <input type="checkbox"/> Memo Item |
| City Arlington | State VA | |
| Purpose of Disbursement Bank Fees | Zip Code 22207 | Transaction ID : SB17.8334 |
| Candidate Name BELL FOR SENATE | Category/ Type 001 | |
| 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. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item |
| City | State | |
| Purpose of Disbursement | Zip Code | Transaction ID : SB17.8334 |
| 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)..... | 28.00 |
| TOTAL This Period (last page this line number only)..... | 14792.66 |

201604130200090388

**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 M M / D D Y Y Y Y 05 04 2015 | |
| Mailing Address 4390 Lorcom Ln. Apt 202 | | Amount of Each Disbursement this Period \$ 2700.00 | |
| City Arlington | State VA | Zip Code 22207 | <input type="checkbox"/> Memo Item Transaction ID : SB19B.8299 |
| Purpose of Disbursement Loan 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. | | Date of Disbursement M M | |
| Mailing Address | | Amount of Each Disbursement this Period | |
| City | State | Zip Code | <input type="checkbox"/> Memo Item |
| 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 M M D | |
| Mailing Address | | Amount of Each Disbursement this Period | |
| City | State | Zip Code | <input type="checkbox"/> Memo Item |
| 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 |

201604130200090389

**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)
 17 18 19a 19b
 20a 20b 20c 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 M M . U U . Y Y Y Y 04 . 17 . 2015 |
| Mailing Address 26 Cannon Ct | | Amount of Each Disbursement this Period \$ 300.00 <input type="checkbox"/> Memo Item |
| City Basking Ridge | State NJ Zip Code 07920 | |
| Purpose of Disbursement Refund of over contribution | 010 | Transaction ID : SB20A.8300 |
| Candidate Name BELL FOR SENATE | Category/ Type | |
| 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. | | Date of Disbursement |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | Category/ Type | <input type="checkbox"/> Memo Item |
| 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 |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | Category/ Type | <input type="checkbox"/> Memo Item |
| 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)..... | 300.00 |
| TOTAL This Period (last page this line number only)..... | 300.00 |

201604130200090390

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) <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item JEFFREY BELL | Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 | 0.00 | 2500.00 |

| | | | | |
|--------------|---|-------------------------|---------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
| | 02 ^M / 24 ^D / 2015 ^Y | 12/31/2015 ^Y | 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: |

| | |
|--|---------|
| 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. | |

201604130200090391

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: |
|-------|---|-----------------------------|---------------|---|
| | M ⁰⁴ D ¹⁶ Y ²⁰¹⁵ | D / Y ^{12/31/2015} | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

| | |
|--|---------|
| SUBTOTALS This Period This Page (optional)... | 1500.00 |
| TOTALS This Period (last page in this line only) ... | |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

201604130200090392

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) Memo Item
Rich Danker Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
4390 Lorcom Ln.
Apt 202

City State ZIP Code
Arlington VA 22207

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

TERMS Date Incurred Date Due Interest Rate Secured:
M 04 / D 09 2015 M / D 0 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)... | 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. | |

201604130200090393

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

1400.00

Outstanding Balance at Close of This Period

11952.79

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

1250.00

Outstanding Balance at Close of This Period

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) ...

17148.63

2) TOTALS This Period (last page this line number) ...

17148.63

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)

21148.63

201604130200090394

Hand Delivered

201604130200090395

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

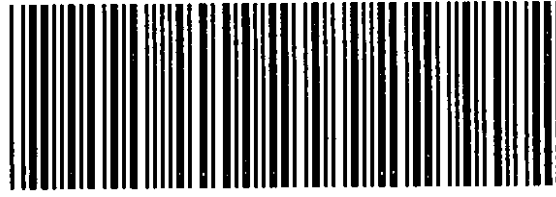
OTHER _____

Date of Receipt or Postmark

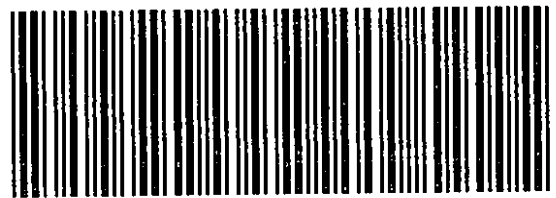
PREPARER **DH**

DATE PREPARED **4-13-16**

201604130200090396



SEN PATCH



SEN PATCH

201604130200090397