

**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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C0058122 IS THIS REPORT X NEW (N) OR AMENDED (A) 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)
- 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 in the State of

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

X General (30G) Runoff (30R) Special (30S)  
Election on M M D D Y Y Y Y in the State of NJ

5. Covering Period M M D D Y Y 10 16 2014 through M M / D D Y Y 11 24 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rich Danker

Signature of Treasurer Rich Danker Date M M / D D Y Y 04 05 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.

Table with 10 columns for Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

201604130200090431

**SUMMARY PAGE**  
of Receipts and Disbursements

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

Report Covering the Period: From: 10 / 1 / 16 2014 To: 11 / 24 / 2014

	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)) ...	88312.70	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))...	88312.70	566149.88
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	223923.88	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))...	223923.88	511383.76
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	14022.66	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	23177.63	

**For further information contact:**

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

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

201604130200090432

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

**BELL FOR SENATE**

Report Covering the Period: From:  /  /  To:  /  /

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="58025.00"/>	<input type="text" value="418104.93"/>	<input type="text" value="7800.00"/>
(ii) Unitemized		
<input type="text" value="19387.70"/>	<input type="text" value="83019.95"/>	<input type="text" value="400.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="77412.70"/>	<input type="text" value="501124.88"/>	<input type="text" value="8200.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="10900.00"/>	<input type="text" value="65225.00"/>	<input type="text" value="100.00"/>

201604130200090433

# POST-ELECTION DETAILED SUMMARY PAGE

## Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>(d) The Candidate</b>		
0.00	0.00	0.00
<b>(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))</b>		
88312.70	566349.88	8300.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>13. LOANS:</b>		
<b>(a) Made or Guaranteed by the Candidate</b>		
0.00	35000.00	0.00
<b>(b) All Other Loans</b>		
0.00	0.00	0.00
<b>(c) TOTAL LOANS (add Lines 13(a) and (b))</b>		
0.00	35000.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)</b>		
0.00	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>		
0.00	0.08	0.00
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>		
88312.70	601349.96	8300.00

201604130200090434

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

**BELL FOR SENATE**

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
223923.88	511383.76	49043.54
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	35000.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	35000.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	200.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

201604130200090435

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(c) Other Political Committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))		
0.00	200.00	0.00
21. OTHER DISBURSEMENTS		
0.00	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)		
223923.88	546583.76	49043.54

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

88312.70	566149.88	8300.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

223923.88	511383.76	49043.54
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	149633.84
24. TOTAL RECIEPTS THIS PERIOD (from Line 16)...	88312.70
25. SUBTOTAL (add Line 23 and Line 24)...	237946.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	223923.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	14022.66

201604130200090436

**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 182  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
**Helen Alvare**

Mailing Address 5114 wilson lane

City State Zip Code  
bethesda MD 20814

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

Name of Employer Occupation  
George Mason University professor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 24 / 2014

Transaction ID : SA11AI.7443

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JOHN ANLIAN**

Mailing Address 187 ANDERSON AVENUE

City State Zip Code  
FAIRVIEW NJ 07022

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

Name of Employer Occupation  
self employed attorney at law

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 17 / 2014

Transaction ID : SA11AI.7029

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Van Henry Archer**

Mailing Address 218 W. Lynwood

City State Zip Code  
San Antonio TX 78212

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

Name of Employer Occupation  
Self Ranching, Investment

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 16 / 2014

Transaction ID : SA11AI.7589

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

500.00

201604130200090437

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 182
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Ellen Barrosse**

Mailing Address 551 Horseshoe Hill Rd.

City Hockessin      State DE      Zip Code 19707

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

Name of Employer Synchronix      Occupation CEO

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

Transaction ID : SA11AI.7426

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Betsey Bayless**

Mailing Address 2325 E Gardenia Dr

City Phoenix      State AZ      Zip Code 85020

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  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2014

Transaction ID : SA11AI.7604

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**John Brewer**

Mailing Address 1 Short Hills Lane

City Scotch Plains      State NJ      Zip Code 07670

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 Y Y Y  
 11 / 01 / 2014

Transaction ID : SA11AI.7074

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1350.00

201604130200090438



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

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

FOR LINE NUMBER: PAGE 9 OF 182

(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**

**A.** Full Name (Last, First, Middle Initial)  
**Marylou Byrd**

Mailing Address **33 Sleepy Hollow Road**

City <b>Red Bank</b>	State <b>NJ</b>	Zip Code <b>07701</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Self</b>	Occupation <b>Writer</b>
---------------------------------	-----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  

MM	DD	YYYY
10	20	2014

Transaction ID : **SA11AI.7139**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Stephen Byrne**

Mailing Address **633 E Main St**  
**Unit B-1**

City <b>Moorestown</b>	State <b>NJ</b>	Zip Code <b>08057</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Renzi Family Medicine,LLC</b>	Occupation <b>Physician</b>
--	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  

MM	DD	YYYY
10	29	2014

Transaction ID : **SA11AI.7267**

Amount of Each Receipt this Period  
**50.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Kent Byron**

Mailing Address **314 School Board Dr.**

City <b>New Iberia</b>	State <b>LA</b>	Zip Code <b>70560</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Acadiana Plastics Molding</b>	Occupation <b>Chief executive</b>
--	--------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  

MM	DD	YYYY
11	13	2014

Transaction ID : **SA11AI.7551**

Amount of Each Receipt this Period  
**2600.00**

Memo Item  
**2014 General Debt Retirement**

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

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

**2900.00**

201604130200090439

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 182	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**Brian Cahill**

Mailing Address **11 Bartlett Ct.**

City <b>Matawan</b>	State <b>NJ</b>	Zip Code <b>07747</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>Verizon</b>	Occupation <b>Director</b>
------------------------------------	-------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
M M / D D Y Y Y  
**10 / 23 / 2014**

Transaction ID : **SA11A1.7159**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Susan Castleberry**

Mailing Address **1041 Catawba Valley Drive**

City <b>Cincinnati</b>	State <b>OH</b>	Zip Code <b>45226</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Retired</b>	Occupation <b>Retired</b>
------------------------------------	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
M M / D D Y Y Y  
**10 / 20 / 2014**

Transaction ID : **SA11A1.7523**

Amount of Each Receipt this Period  
**2600.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jennifer Chalsty**

Mailing Address **24 Taylor Road**

City <b>Short Hills</b>	State <b>NJ</b>	Zip Code <b>07079</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Retired</b>	Occupation <b>Retired</b>
------------------------------------	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y  
**10 / 29 / 2014**

Transaction ID : **SA11A1.7078**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**3700.00**

201604130200090440

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 182	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <b>Thomas Connors</b>			Date of Receipt M M / D D , Y Y 10 / 22 , 2014	
Mailing Address 30 Kodaya Road			Transaction ID : SA11AI.7005	
City Newton	State MA	Zip Code 02468	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer MFS Investment Management		Occupation Employee		
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>Esther Constance</b>			Date of Receipt M M / D D , Y Y 10 / 20 , 2014	
Mailing Address 141 Meadowlark Dr			Transaction ID : SA11AI.7320	
City Hamilton	State NJ	Zip Code 08690	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 225.00		

Full Name (Last, First, Middle Initial) <b>George Cosmoglos</b>			Date of Receipt M M / D D , Y Y Y Y 10 / 31 , 2014	
Mailing Address 2 Virginia Street			Transaction ID : SA11AI.7026	
City Cranford	State NJ	Zip Code 07016	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090441

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

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

FOR LINE NUMBER: PAGE 12 OF 182  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Martin Czachor, Sr.**

Mailing Address **1671 E Boot Rd**

City **West Chester** State **PA** Zip Code **19380**

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 **10 / 22 / 2014**  
Transaction ID : **SA11AI.7421**

Amount of Each Receipt this Period **500.00**  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**maryjane darcangelo**

Mailing Address **70 south stone hedge drive**

City **Basking Ridge** State **NJ** Zip Code **07920**

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

Name of Employer **not employed** Occupation **Housewife**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **10 / 22 / 2014**  
Transaction ID : **SA11AI.7199**

Amount of Each Receipt this Period **250.00**  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Vincent Dominianni**

Mailing Address **43 Leighton Lane**

City **Manchester** State **NJ** Zip Code **08759**

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 **10 / 28 / 2014**  
Transaction ID : **SA11AI.7332**

Amount of Each Receipt this Period **50.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **800.00**

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

201604130200090442

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

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

FOR LINE NUMBER: (check only one)		PAGE 13 OF 182	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Vincent Dominianni**

Mailing Address 43 Leighton Lane

City Manchester State NJ Zip Code 08759

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  
 , , 300.00

Date of Receipt  
 M M D D / Y Y  
 11 01 2014

Transaction ID : SA11AI.7333

Amount of Each Receipt this Period  
 , , 50.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**James Downey**

Mailing Address 26000 Newbridge Drive

City Los Altos Hills State CA Zip Code 94022

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

Name of Employer Altos Sonoma Corp Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 , , 600.00

Date of Receipt  
 M M D D / Y Y  
 10 16 2014

Transaction ID : SA11AI.7636

Amount of Each Receipt this Period  
 , , 300.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL DYCKMAN**

Mailing Address 4 MAJESTIC COURT

City DIX HILLS State NY Zip Code 11746

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 , , 400.00

Date of Receipt  
 M M D D / Y Y Y  
 10 16 2014

Transaction ID : SA11AI.7397

Amount of Each Receipt this Period  
 , , 100.00

Memo Item

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

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

450.00

.

201604130200090443

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

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

FOR LINE NUMBER: (check only one)	PAGE 14 OF 182
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<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) <b>A. MICHAEL DYCKMAN</b>		Date of Receipt M M D D Y Y Y Y 10 19 2014
Mailing Address <b>4 MAJESTIC COURT</b>		Transaction ID : <b>SA11AI.7396</b>
City <b>DIX HILLS</b>	State <b>NY</b>	Zip Code <b>11746</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 100.00
Name of Employer <b>SELF</b>	Occupation <b>ATTORNEY</b>	<input type="checkbox"/> Memo Item
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. MICHAEL DYCKMAN</b>		Date of Receipt M M D D Y Y Y Y 10 24 2014
Mailing Address <b>4 MAJESTIC COURT</b>		Transaction ID : <b>SA11AI.7395</b>
City <b>DIX HILLS</b>	State <b>NY</b>	Zip Code <b>11746</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 50.00
Name of Employer <b>SELF</b>	Occupation <b>ATTORNEY</b>	<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 550.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL DYCKMAN</b>		Date of Receipt M M D D Y Y Y Y 10 29 2014
Mailing Address <b>4 MAJESTIC COURT</b>		Transaction ID : <b>SA11AI.7398</b>
City <b>DIX HILLS</b>	State <b>NY</b>	Zip Code <b>11746</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 100.00
Name of Employer <b>SELF</b>	Occupation <b>ATTORNEY</b>	<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 250.00
<b>TOTAL</b> This Period (last page this line number only).....	, , - .

201604130200090444

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

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

FOR LINE NUMBER: PAGE 15 OF 182  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL DYCKMAN**

Mailing Address **4 MAJESTIC COURT**

City **DIX HILLS** State **NY** Zip Code **11746**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 , , 750.00

Date of Receipt  
 M M D D Y Y Y Y  
 10 31 2014

Transaction ID : **SA11A1.7669**

Amount of Each Receipt this Period  
 , , 100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**frank femino**

Mailing Address **315 ridgewood ave**

City **glen ridge** State **NJ** Zip Code **07026**

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

Name of Employer **femino-ducey-queler orthopedic group** Occupation **orthopedic surgeon**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 , , 500.00

Date of Receipt  
 M M D D / Y Y  
 10 17 2014

Transaction ID : **SA11A1.7033**

Amount of Each Receipt this Period  
 , , 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Steve Finney**

Mailing Address **19 Kingwood Stockton Rd**

City **Stockton** State **NJ** Zip Code **08559**

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  
 , , 750.00

Date of Receipt  
 M M D D Y Y  
 10 19 2014

Transaction ID : **SA11A1.7314**

Amount of Each Receipt this Period  
 , , 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 850.00

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

201604130200090445

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 16 OF 182
	<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>A. Mona Gibson</b>			Date of Receipt M M D D Y Y Y 10 31 2014
Mailing Address 144 lake rd			Transaction ID : SA11AI.7209
City far hills	State NJ	Zip Code 07931	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired		<input type="checkbox"/> Memo Item
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>B. Lydia Gologovski</b>			Date of Receipt M M D D Y Y Y 10 28 2014
Mailing Address 604 Greenwood Ave			Transaction ID : SA11AI.7357
City Laurence Harbor	State NJ	Zip Code 08879	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 1000.00
Name of Employer Homemaker	Occupation Homemaker		<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Robert Heckman</b>			Date of Receipt M M D D Y Y Y 10 31 2014
Mailing Address 143 Martin Lane			Transaction ID : SA11AI.7472
City Alexandria	State VA	Zip Code 22304	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 250.00
Name of Employer Capital City Partners	Occupation Consultant		<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090446



**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 17 OF 182
	<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**

A. Full Name (Last, First, Middle Initial) <b>Richard Hemley</b>			Date of Receipt M M / D D Y Y Y Y 10 / 20 2014
Mailing Address 26 Sarah Drive			Transaction ID : SA11AI.7394
City Farmingdale	State NY	Zip Code 11735	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer Brandon Associates	Occupation Engineer		Election Cycle-to-Date 250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

B. Full Name (Last, First, Middle Initial) <b>Tatnall Hillman</b>			Date of Receipt M M / D D Y Y Y Y 11 / 10 2014
Mailing Address 504 W Bleeker Street			Transaction ID : SA11AI.7595
City Aspen	State CO	Zip Code 81611	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item 2014 General Debt Retirement
Name of Employer Retired	Occupation Retired		Election Cycle-to-Date 2600.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

C. Full Name (Last, First, Middle Initial) <b>Roland Hirsch</b>			Date of Receipt M M / D D Y Y Y Y 10 / 28 2014
Mailing Address 20458 Waters Point Lane			Transaction ID : SA11AI.7449
City Germantown	State MD	Zip Code 20874	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer US Dept of Energy	Occupation Science manager		Election Cycle-to-Date 225.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2950.00
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090447

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

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

FOR LINE NUMBER: PAGE 18 OF 182  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**J David Hoppe**

Mailing Address 5444 Marlstone Lane

City State Zip Code  
Fairfax VA 22030

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

Name of Employer Occupation  
Hoppe Strategies lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M	M	
10		

 / 
 

D	D	
27		

 / 
 

Y	Y	Y	Y
2014			

Transaction ID : SA11AI.7457

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 327 Branch Ave

City State Zip Code  
Little Silver NJ 07739

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

Name of Employer Occupation  
Silvercrest Asset Management Group Financial Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  

M	M	
11		

 / 
 

D	D	
01		

 / 
 

Y	Y	Y	Y
2014			

Transaction ID : SA11AI.7158

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jack Howley**

Mailing Address 178 Rumson Road

City State Zip Code  
Rumson NJ 07760

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

Name of Employer Occupation  
Jack Howley financial planning

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

M	M	
10		

 / 
 

D	D	
16		

 / 
 

Y	Y	Y	Y
2014			

Transaction ID : SA11AI.7171

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

2500.00

201604130200090448

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

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

FOR LINE NUMBER: PAGE 19 OF 182  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Andrew Johnson**

Mailing Address 5891 Merriewood Drive

City State Zip Code  
Oakland CA 94611

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

Name of Employer Occupation  
Self Financial Analyst

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D Y Y  
10 27 2014

Transaction ID : SA11AI.7638

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Kean**

Mailing Address PO Box 332

City State Zip Code  
Far Hills NJ 07931

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

Name of Employer Occupation  
New Jersey Former governor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D Y Y  
10 27 2014

Transaction ID : SA11AI.7211

Amount of Each Receipt this Period  
2600.00

Memo Item

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

Mailing Address 4616 30th St.  
NW

City State Zip Code  
Washington DC 20008

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

Name of Employer Occupation  
Squire Patton Boggs legal services

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D Y Y  
10 31 2014

Transaction ID : SA11AI.7433

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 3350.00

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

201604130200090449

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 182	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

A. Full Name (Last, First, Middle Initial) <b>David Keyston</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address <b>PO Box 7066</b>			Transaction ID : <b>SA11AI.7635</b>	
City <b>Carmel</b>	State <b>CA</b>	Zip Code <b>93921</b>	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item	
Name of Employer <b>Retired</b>		Occupation <b>Retired</b>	Election Cycle-to-Date 300.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

B. Full Name (Last, First, Middle Initial) <b>Margaret Kniffin</b>			Date of Receipt M M / J D / Y Y Y Y 10 / 17 / 2014	
Mailing Address <b>315 E 86th St Apt 22D East</b>			Transaction ID : <b>SA11AI.7371</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10028</b>	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item	
Name of Employer <b>Retired</b>		Occupation <b>Retired</b>	Election Cycle-to-Date 2600.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

C. Full Name (Last, First, Middle Initial) <b>John Knodel</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address <b>44 Hamilton Drive East</b>			Transaction ID : <b>SA11AI.7022</b>	
City <b>North Caldwell</b>	State <b>NJ</b>	Zip Code <b>07006</b>	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item	
Name of Employer <b>Methfessel &amp; Werbel</b>		Occupation <b>Attorney</b>	Election Cycle-to-Date 250.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090450

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 182	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Lavin**

Mailing Address 117 Riverdale Dr.

City Covington	State LA	Zip Code 70433
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FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation surgeon
--------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2014

Transaction ID : SA11AI.7547

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ralph Loveys**

Mailing Address 21 Parker Court

City Florham Park	State NJ	Zip Code 07932
----------------------	-------------	-------------------

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  
MM / DD / YYYY  
10 / 29 / 2014

Transaction ID : SA11AI.7215

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**George Lynch**

Mailing Address 700 Princess Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

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

Name of Employer Self	Occupation Accountant
--------------------------	--------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2014

Transaction ID : SA11AI.7476

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1000.00

201604130200090451

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

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

FOR LINE NUMBER: PAGE 22 OF 182  
(check only one)  
 11a 12   
 11b 13a   
 11c 13b   
 11d 14   
 15

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

Full Name (Last, First, Middle Initial) <b>Richard Maragni</b>		Date of Receipt M M D D Y Y 10 29 2014
Mailing Address <b>PO Box 1905</b>		Transaction ID : <b>SA11AI.7044</b>
City Livingston	State NJ	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Roman Asphalt Corp.	Occupation Accountant	<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) <b>Richard Maragni</b>		Date of Receipt M M D D Y Y 10 31 2014
Mailing Address <b>PO Box 1905</b>		Transaction ID : <b>SA11AI.7042</b>
City Livingston	State NJ	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Roman Asphalt Corp.	Occupation Accountant	<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) <b>Richard Maragni</b>		Date of Receipt M M D D Y Y 10 31 2014
Mailing Address <b>PO Box 1905</b>		Transaction ID : <b>SA11AI.7043</b>
City Livingston	State NJ	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Roman Asphalt Corp.	Occupation Accountant	<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090452

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 182
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Jack McKee</b>		Date of Receipt M M D D Y Y Y 10 24 2014	
Mailing Address 9530 Glynn Downing Dr		Transaction ID : SA11AI.7512	
City Ooltewah	State TN	Zip Code 37363	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer McKee Foods	Occupation Chief executive		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>Theodore Munday</b>		Date of Receipt M M D D / Y Y Y 10 21 2014	
Mailing Address 16 Steven Rd		Transaction ID : SA11AI.7341	
City Kendall Park	State NJ	Zip Code 08824	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

Full Name (Last, First, Middle Initial) <b>LB Nilsen</b>		Date of Receipt M M D D Y Y Y 10 18 2014	
Mailing Address 7140 Bronco Drive		Transaction ID : SA11AI.7606	
City Paradise Valley	State AZ	Zip Code 85253	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3300.00
<b>TOTAL</b> This Period (last page this line number only).....	3300.00

201604130200090453

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

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

FOR LINE NUMBER: PAGE 24 OF 182  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Corinne Papsikos**

Mailing Address **PO Box 46**

City **Bedminster** State **NJ** Zip Code **07921**

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

Name of Employer **George Papsikos** Occupation **wife/runs office**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**11 / 03 / 2014**

Transaction ID : **SA11AI.7202**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Diane Pendleton**

Mailing Address **P.O. Box 2717**

City **Ponte Vedra Beach** State **FL** Zip Code **32004**

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  
**11 / 02 / 2014**

Transaction ID : **SA11AI.7485**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Leslie Quick III**

Mailing Address **11 Chappin Rd**

City **Bernardsville** State **NJ** Zip Code **07924**

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 **1000.00**

Date of Receipt  
**10 / 27 / 2014**

Transaction ID : **SA11AI.7206**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**1500.00**

201604130200090454



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

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

FOR LINE NUMBER: PAGE 25 OF 182  
(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) <b>Sam Romano</b>		Date of Receipt M M / D D / Y Y 10 / 17 / 2014
Mailing Address 120 Park Ave		Transaction ID : SA11AI.7223
City Madison	State NJ	Zip Code 07940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self	Occupation Physician	<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>Linda Runge</b>		Date of Receipt M M / D D / Y Y 10 / 16 / 2014
Mailing Address 1493 County Rd 519		Transaction ID : SA11AI.7343
City Frenchtown	State NJ	Zip Code 08825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Delaware Valley Nursery	Occupation Nursery Worker	<input type="checkbox"/> Memo Item
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>Diane Ryan</b>		Date of Receipt M M / D D / Y Y 10 / 31 / 2014
Mailing Address 10 East Lane		Transaction ID : SA11AI.7221
City Madison	State NJ	Zip Code 07940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Homemaker	Occupation Homemaker	<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2350.00
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090455

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

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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Edward Ryan**

Mailing Address 10 East Lane

City Madison State NJ Zip Code 07940

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 **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014

Transaction ID : SA11AI.7220

Amount of Each Receipt this Period  
**100.00**

Memo Item

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

Mailing Address 2500 East Bay Avenue

City Manahawkin State NJ Zip Code 08050

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 **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014

Transaction ID : SA11AI.7258

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mark Schuberg**

Mailing Address 4158 Sterlingview Drive

City Moorpark State CA Zip Code 93021

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

Name of Employer Glen A. Schuberg, Inc. Occupation CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014

Transaction ID : SA11AI.7631

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**1350.00**

20160413020090456

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

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

FOR LINE NUMBER: PAGE 27 OF 182  
(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) <b>Paul Schuberg</b>			Date of Receipt M M D D Y Y Y 10 28 2014		
Mailing Address 4621 Peppermill St			Transaction ID : SA11AI.7629		
City Moorpark	State CA	Zip Code 93021	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Retired		Occupation Retired	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>Chetan Shah</b>			Date of Receipt M M D D Y Y Y 10 31 2014		
Mailing Address 1 Cardiff Court			Transaction ID : SA11AI.7313		
City West Windsor	State NJ	Zip Code 08550	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Self		Occupation Physician - Surgeon	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		2000.00			

Full Name (Last, First, Middle Initial) <b>Charles Shartle</b>			Date of Receipt M M D D Y Y Y 10 22 2014		
Mailing Address PO Box 1049			Transaction ID : SA11AI.7568		
City Crockett	State TX	Zip Code 75835	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Retired		Occupation Retired	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		250.00			

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

201604130200090457

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

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

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(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Deborah Smarth**

Mailing Address 144 Sweetmans Ln

City Manalapan State NJ Zip Code 07726

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

Name of Employer NJ Business Development Occupation Chief Operating Officer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
625.00

Date of Receipt  
M M D D Y Y Y Y  
10 20 2014

Transaction ID : SA11AI.7146

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**David Smick**

Mailing Address 220 I Street, NE Suite 200

City Washington State DC Zip Code 20002

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M D D / Y Y  
10 21 2014

Transaction ID : SA11AI.7431

Amount of Each Receipt this Period  
2600.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Peter Spano**

Mailing Address 4001 North Ocean Boulevard

City Gulf Stream State FL Zip Code 33483

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  
2500.00

Date of Receipt  
M M D D Y Y Y Y  
10 31 2014

Transaction ID : SA11AI.7494

Amount of Each Receipt this Period  
2500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 5200.00

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

201604130200090458

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

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

FOR LINE NUMBER: PAGE 29 OF 182  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Linda Sparks**

Mailing Address 6107 Bermuda Dunes Drive

City State Zip Code  
Houston TX 77069

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

Name of Employer Occupation  
Retired retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M D D Y Y Y Y  
10 16 2014

Transaction ID : SA11AI.7586

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Walter Stingle**

Mailing Address 20 West 64 Street

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M D D Y Y Y Y  
10 21 2014

Transaction ID : SA11AI.7368

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Guy Talarico**

Mailing Address 553 Corbett Place

City State Zip Code  
Oradell NJ 07649

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

Name of Employer Occupation  
Alaric Compliance Chief Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M D D Y Y Y Y  
10 19 2014

Transaction ID : SA11AI.7372

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 1550.00

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

201604130200090459

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

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

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(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**PATRICK H TERRY**

Mailing Address **4 ELLINGTON DR**

City **COLUMBUS** State **NJ** Zip Code **08022**

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

Name of Employer **SELF** Occupation **CHEMICAL ENGINEER (RT)**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**10 / 25 / 2014**

Transaction ID : **SA11AI.7241**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**robert thompson**

Mailing Address **11826 village park cir**

City **houston** State **TX** Zip Code **77024**

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  
**2600.00**

Date of Receipt  
**10 / 30 / 2014**

Transaction ID : **SA11AI.7583**

Amount of Each Receipt this Period  
**2600.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KARL TIEDEMANN**

Mailing Address **90 LA SALLE ST.  
21F**

City **NEW YORK** State **NY** Zip Code **10027**

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

Name of Employer **self** Occupation **writer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
**10 / 20 / 2014**

Transaction ID : **SA11AI.7370**

Amount of Each Receipt this Period  
**750.00**

Memo Item

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

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

**3650.00**

201604130200090450

**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 31 OF 182	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <b>James Trimble</b>		Date of Receipt M M / D D Y Y Y Y 10 31 2014
Mailing Address 705 Farmer Court		Transaction ID : SA11A1.7514
City Port Gibson	State MS	Zip Code 39150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer CEO	Occupation PDC Energy	<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>Diemer TRUE</b>		Date of Receipt M M / D D Y Y 10 17 2014
Mailing Address 1541 Diamond Dr		Transaction ID : SA11A1.7597
City Casper	State WY	Zip Code 82601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Business Man	<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Edward Veal</b>		Date of Receipt M M / D D / Y Y Y Y 10 17 2014
Mailing Address 3000 North Sheridan Road, Apt. 2C		Transaction ID : SA11A1.7538
City Chicago	State IL	Zip Code 60657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Steptoe & Johnson LLP	Occupation Lawyer	<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3850.00
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200990461

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 32 OF 182  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Paul Waddelove**

Mailing Address 1522 Gingerwood Court

City Vienna State VA Zip Code 22182

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

Name of Employer PWA Occupation Construction Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt 10 / 29 / 2014  
Transaction ID : SA11AI.7465

Amount of Each Receipt this Period 250.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Steven Wagner**

Mailing Address 410 Constitution Avenue, NE

City Washington State DC Zip Code 20002

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

Name of Employer QEV Analytics, Ltd Occupation Business Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt 10 / 20 / 2014  
Transaction ID : SA11AI.7429

Amount of Each Receipt this Period 2000.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Richard Weicher**

Mailing Address 537 N Euclid Ave.

City Oak Park State IL Zip Code 60302

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

Name of Employer BNSF Ry Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt 10 / 22 / 2014  
Transaction ID : SA11AI.7536

Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 2500.00

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

201604130200090462



**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 33 OF 182			
	<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**

A. Full Name (Last, First, Middle Initial) <b>Richard Weldon</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address 100 Golf Edge Dr			Transaction ID : SA11AI.7089	
City	State	Zip Code	Amount of Each Receipt this Period	
Westfield	NJ	07090	100.00	
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item	
Name of Employer Self	Occupation Manager			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	350.00	

B. Full Name (Last, First, Middle Initial) <b>Linda Whipple</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 26 Cannon Court			Transaction ID : SA11AI.7200	
City	State	Zip Code	Amount of Each Receipt this Period	
Basking Ridge	NJ	07920	1500.00	
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item	
Name of Employer Retired	Occupation Retired			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	4100.00	

C. Full Name (Last, First, Middle Initial) <b>Mary Whitehead</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 333 Tunnel Road			Transaction ID : SA11AI.7334	
City	State	Zip Code	Amount of Each Receipt this Period	
Asbury	NJ	08802	500.00	
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item	
Name of Employer Whitehead Engineering	Occupation Engineer			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090463

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

Use separate schedule(s)  
for each category of the  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Janice Willett**

Mailing Address 207 Prospect St

City State Zip Code  
Ridgewood NJ 07450

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.7103

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Francis Wilton**

Mailing Address 28 Conover Lane

City State Zip Code  
Red Bank NJ 07701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.7141

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 27 Myrtle Avenue

City State Zip Code  
Mill Valley CA 94941

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.7640

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

1750.00

201604130200090464

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

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

FOR LINE NUMBER: PAGE 35 OF 182  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Louis Woodhill**

Mailing Address **7 Hampton CT**

City **Houston** State **TX** Zip Code **77024**

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

Name of Employer **Digabit Inc.** Occupation **Director**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
**10 / 30 / 2014**

Transaction ID : **SA11A1.7581**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Margaret Wynne**

Mailing Address **1607 N Jefferson St**

City **Arlington** State **VA** Zip Code **22205**

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

Name of Employer **U.S. Government** Occupation **Program Specialist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**10 / 22 / 2014**

Transaction ID : **SA11A1.7468**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Margaret Wynne**

Mailing Address **1607 N Jefferson St**

City **Arlington** State **VA** Zip Code **22205**

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

Name of Employer **U.S. Government** Occupation **Program Specialist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
**10 / 30 / 2014**

Transaction ID : **SA11A1.7467**

Amount of Each Receipt this Period  
**100.00**

Memo Item

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

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

**850.00**

201604130200090465

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

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

FOR LINE NUMBER: PAGE 36 OF 182  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Robert Zarnegin**

Mailing Address **421 N. Beverly Dr**  
**Suite 350**

City **Beverly Hills** State **CA** Zip Code **90210**

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

Name of Employer **Probity** Occupation **Chief executive**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
**11 / 13 / 2014**

Transaction ID : **SA11A1.7610**

Amount of Each Receipt this Period  
**2600.00**

Memo Item  
**2014 General Debt Retirement**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

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

**2600.00**

**58025.00**

201604130200090466

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

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

FOR LINE NUMBER: PAGE 37 OF 182  
(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)  
**CONSERVATIVE MAJORITY POLITICAL ACTION COMMITTEE**

A. Mailing Address **PO BOX 1310**

City **HERNDON** State **VA** Zip Code **20172**

FEC ID number of contributing federal political committee. **C C00475582**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**10 / 20 / 2014**

Transaction ID : **SA11C.6983**

Amount of Each Receipt this Period  
**250.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**CONSERVATIVE STRIKEFORCE SUPER PAC**

B. Mailing Address **2776 S ARLINGTON MILL DR**

City **ARLINGTON** State **VA** Zip Code **22206**

FEC ID number of contributing federal political committee. **C C00542456**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**10 / 29 / 2014**

Transaction ID : **SA11C.6985**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**CONSERVATIVE VICTORY FUND**

C. Mailing Address **801 NORTH PITT STREET  
SUITE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00009704**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**10 / 31 / 2014**

Transaction ID : **SA11C.6987**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**1750.00**

20160413020090467

**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 38 OF 182	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y 10 / 31 / 2014	
Mailing Address 801 G STREET NW		Transaction ID : SA11C.6989	
City WASHINGTON State DC Zip Code 20001	Amount of Each Receipt this Period \$ 4000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00452383		<input type="checkbox"/> Memo Item	
Name of Employer Occupation	Election Cycle-to-Date \$ 5000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>B.</b> Full Name (Last, First, Middle Initial) <b>HUCK PAC</b>		Date of Receipt M M / D D / Y Y Y 10 / 31 / 2014	
Mailing Address PO BOX 2008		Transaction ID : SA11C.6990	
City LITTLE ROCK State AR Zip Code 72203	Amount of Each Receipt this Period \$ 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00448373		<input type="checkbox"/> Memo Item	
Name of Employer Occupation	Election Cycle-to-Date \$ 4000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>C.</b> Full Name (Last, First, Middle Initial) <b>PATRIOT PAC, INC</b>		Date of Receipt M M / D D / Y Y Y 10 / 20 / 2014	
Mailing Address 4850 WRIGHT ROAD SUITE 168		Transaction ID : SA11C.6992	
City STAFFORD State TX Zip Code 77477	Amount of Each Receipt this Period \$ 250.00		
FEC ID number of contributing federal political committee. <b>C</b> C00445080		<input type="checkbox"/> Memo Item	
Name of Employer Occupation	Election Cycle-to-Date \$ 250.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	\$ 6250.00
<b>TOTAL</b> This Period (last page this line number only).....	\$

201604130200090468

**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 39 OF 182
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>PROSPERITY ACTION INC.</b>		Date of Receipt M M D D Y Y Y 10 28 2014
Mailing Address 1006 PENDLETON STREET		Transaction ID : SA11C.6994
City ALEXANDRIA	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C C00377689		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>Republican Municipal Committee of Somerville</b>		Date of Receipt M M D D Y Y Y Y 10 17 2014
Mailing Address 120 Woods End Drive		Transaction ID : SA11C.6996
City Basking Ridge	State NJ	Zip Code 07920
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>Spotswood Republican Club</b>		Date of Receipt M M D D Y Y Y 11 10 2014
Mailing Address 85 Herman Drive		Transaction ID : SA11C.6998
City Spotswood	State NJ	Zip Code 08884
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	2014 General Debt Retirement

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2900.00
<b>TOTAL</b> This Period (last page this line number only).....	10900.00

201604130200090469

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. AMTG Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 10 30 2014
Mailing Address 9803 Allenford Circle #301		Amount of Each Disbursement this Period 97.50
City Rockville	State MD	
Zip Code 20850	Purpose of Disbursement Website design	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8082
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Damian Bell</b>		Date of Disbursement M M / D D / Y Y Y Y 11 24 2014
Mailing Address 132 Christle St		Amount of Each Disbursement this Period 811.74
City Leonia	State NJ	
Zip Code 07605	Purpose of Disbursement Expense reimbursement	<input type="checkbox"/> Memo Item
Candidate Name <b>BELL FOR SENATE</b>	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)	Transaction ID : SB17.8109
State: NJ	District: 00	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 24 2014
Mailing Address 360 Broad Ave		Amount of Each Disbursement this Period 110.26
City Princeton	State NJ	
Zip Code 07605	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>BELL FOR SENATE</b>	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)	Transaction ID : SB17.8109.0
State: NJ	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	909.24
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090470



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Damian Bell</b>		Date of Disbursement MM / DD / YY 11 / 24 / 2014
Mailing Address 132 Christle St		Amount of Each Disbursement this Period 560.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8109.1
City Leonia	State NJ	
Purpose of Disbursement Mileage		Category/ Type 002
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. Staples</b>		Date of Disbursement MM / DD / YY 11 / 24 / 2014
Mailing Address 1019 B Edwards Ferry Road		Amount of Each Disbursement this Period 88.44 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8109.2
City Leesburg	State VA	
Purpose of Disbursement Office Supplies		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. NJ Turnpike</b>		Date of Disbursement MM / DD / YY 11 / 24 / 2014
Mailing Address PO Box 5042		Amount of Each Disbursement this Period 22.90 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8109.3
City Woodbridge	State NJ	
Purpose of Disbursement Tolls		Category/ Type 002
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).....	0.00
TOTAL This Period (last page this line number only).....	

201604130200090471

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M D D Y Y Y 11 24 2014
Mailing Address 166 Linwood Plaza		Amount of Each Disbursement this Period 30.14 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8109.4
City Fort Lee	State NJ	
Zip Code 07024	Purpose of Disbursement Printing	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. Jeff Bell</b>		Date of Disbursement M M D D Y Y Y 11 03 2014
Mailing Address 132 Christie St		Amount of Each Disbursement this Period 646.12 <input type="checkbox"/> Memo Item Transaction ID : SB17.8104
City Leonia	State NJ	
Zip Code 07605	Purpose of Disbursement Expense reimbursement	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. Amy's Diner</b>		Date of Disbursement M M D D Y Y Y 11 03 2014
Mailing Address 637 High St		Amount of Each Disbursement this Period 14.66 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8104.0
City Burlington	State NJ	
Zip Code 08016	Purpose of Disbursement Food and Beverage	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).....	646.12
<b>TOTAL</b> This Period (last page this line number only).....	

20160413020090472

**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 43 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Sunoco</b>		Date of Disbursement M M D D Y Y Y 11 03 2014
Mailing Address Milepost 116E 11		Amount of Each Disbursement this Period 108.86
City Ridgefield	State NJ	
Zip Code 07657	Purpose of Disbursement Gas	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8104.1
Candidate Name <b>BELL FOR SENATE</b>	001 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>B. Quiznos</b>		Date of Disbursement M M D D Y Y Y 11 03 2014
Mailing Address MM124 Garden State Pkwy		Amount of Each Disbursement this Period 19.23
City South AMboy	State NJ	
Zip Code 08879	Purpose of Disbursement Food and Beverage	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8104.2
Candidate Name <b>BELL FOR SENATE</b>	001 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>C. NYC Yellow Cab</b>		Date of Disbursement M M D D Y Y Y 11 03 2014
Mailing Address 33 Beaver Street		Amount of Each Disbursement this Period 17.00
City New York	State NY	
Zip Code 10004	Purpose of Disbursement Taxi Cab	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8104.3
Candidate Name <b>BELL FOR SENATE</b>	002 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		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	.

201604130200090473

**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 44 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. NJ Turnpike</b>			Date of Disbursement M M / D D / Y Y Y 11 / 03 / 2014		
Mailing Address PO Box 5042			Amount of Each Disbursement this Period 32.40		
City Woodbridge	State NJ	Zip Code 07095			<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8104.4
Purpose of Disbursement Tolls		001	Category/ Type		
Candidate Name <b>BELL FOR SENATE</b>		Disbursement For: 2014			State: NJ District: 00
Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Glenpointe Marriot</b>			Date of Disbursement M M / D D / Y Y Y 11 / 03 / 2014		
Mailing Address 100 Frank Burr Hwy			Amount of Each Disbursement this Period 60.15		
City Teaneck	State NJ	Zip Code 07666			<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8104.5
Purpose of Disbursement Food and Beverage		001	Category/ Type		
Candidate Name <b>BELL FOR SENATE</b>		Disbursement For: 2014			State: NJ District: 00
Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Delta Gas</b>			Date of Disbursement M M / D D / Y Y Y 11 / 03 / 2014		
Mailing Address 360 Broad Ave			Amount of Each Disbursement this Period 249.44		
City Leonia	State NJ	Zip Code 07605			<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8104.6
Purpose of Disbursement Gas		002	Category/ Type		
Candidate Name <b>BELL FOR SENATE</b>		Disbursement For: 2014			State: NJ District: 00
Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

201604130200090474

**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 45 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Carluccio's</b>			Date of Disbursement M M D D Y Y Y 11 03 2014		
Mailing Address 1200 North Rd			Amount of Each Disbursement this Period 27.01 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8104.7		
City Northfield	State NJ	Zip Code 08225			
Purpose of Disbursement Food and Beverage		001	Transaction ID : SB17.8104.7		
Candidate Name <b>BELL FOR SENATE</b>		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>B. Junior's</b>			Date of Disbursement M M D D Y Y Y 11 03 2014		
Mailing Address 1515 Broadway			Amount of Each Disbursement this Period 92.79 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8104.8		
City New York	State NY	Zip Code 10036			
Purpose of Disbursement Food and Beverage		001	Transaction ID : SB17.8104.8		
Candidate Name <b>BELL FOR SENATE</b>		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>C. Morristown Diner</b>			Date of Disbursement M M D D Y Y Y 11 03 2014		
Mailing Address 73 Morris St			Amount of Each Disbursement this Period 24.58 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8104.9		
City Morristown	State NJ	Zip Code 07960			
Purpose of Disbursement Food and Beverage		001	Transaction ID : SB17.8104.9		
Candidate Name <b>BELL FOR SENATE</b>		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).....			0.00		
TOTAL This Period (last page this line number only).....					

201604130200090475

**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 46 OF 182	
	<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. Julia Bell</b>			Date of Disbursement M M D D Y Y 11 03 2014		
Mailing Address 132 Christie St			Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8127		
City Leonia	State NJ	Zip Code 07605			
Purpose of Disbursement Fundraising consulting		Candidate Name	Category/ Type		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input 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: District:					

Full Name (Last, First, Middle Initial) <b>B. Nick Bell</b>			Date of Disbursement M M D D Y Y 11 17 2014		
Mailing Address 132 Christie St			Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8118		
City Leonia	State NJ	Zip Code 07605			
Purpose of Disbursement Political consulting		Candidate Name <b>BELL FOR SENATE</b>	Category/ Type 001		
Candidate Name					
Office Sought: <input checked="" type="checkbox"/> House <input 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 11 13 2014		
Mailing Address PO Box 71083			Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8072		
City Charlotte	State NC	Zip Code 28272			
Purpose of Disbursement Credit card fee		Candidate Name <b>BELL FOR SENATE</b>	Category/ Type 001		
Candidate Name					
Office Sought: <input checked="" type="checkbox"/> House <input 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).....	7039.00
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090476

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Capital One</b>		Date of Disbursement M M / D D Y Y Y 11 13 2014
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 136.65
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item Transaction ID : SB17.8086
Candidate Name <b>BELL FOR SENATE</b>	001 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>B. Gia Coluccio</b>		Date of Disbursement M M / D D Y Y Y 10 17 2014
Mailing Address 310 Prospect Ave Apt. 331		Amount of Each Disbursement this Period 353.13
City Hackensack	State NJ	
Zip Code 07601	Purpose of Disbursement Expense Reimbursement	<input type="checkbox"/> Memo Item Transaction ID : SB17.8094
Candidate Name <b>BELL FOR SENATE</b>	001 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>C. Enterprise</b>		Date of Disbursement M M / D D Y Y Y 10 17 2014
Mailing Address 149 US Highway 46 W		Amount of Each Disbursement this Period 216.52
City Lodi	State NJ	
Zip Code 07644	Purpose of Disbursement Car Rental	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8094.0
Candidate Name <b>BELL FOR SENATE</b>	002 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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	489.78
<b>TOTAL</b> 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 48 OF 182			
	<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. NJ Turnpike</b>			Date of Disbursement MM / DD / YYYY 10 / 17 / 2014
Mailing Address PO Box 5042			Amount of Each Disbursement this Period 73.65
City Woodbridge	State NJ	Zip Code 07095	
Purpose of Disbursement Tolls	Category/ Type 002	<input checked="" type="checkbox"/> Memo Item	
Candidate Name <b>BELL FOR SENATE</b>			Transaction ID : SB17.8094.1
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. NYC Yellow Cab</b>			Date of Disbursement MM / DD / YYYY 10 / 17 / 2014
Mailing Address 33 Beaver Street			Amount of Each Disbursement this Period 20.60
City New York	State NY	Zip Code 10004	
Purpose of Disbursement Taxi Cab	Category/ Type 002	<input checked="" type="checkbox"/> Memo Item	
Candidate Name <b>BELL FOR SENATE</b>			Transaction ID : SB17.8094.2
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. Staples</b>			Date of Disbursement MM / DD / YYYY 10 / 17 / 2014
Mailing Address 1019 B Edwards Ferry Road			Amount of Each Disbursement this Period 13.90
City Leesburg	State VA	Zip Code 20176	
Purpose of Disbursement Office Supplies	Category/ Type 001	<input checked="" type="checkbox"/> Memo Item	
Candidate Name <b>BELL FOR SENATE</b>			Transaction ID : SB17.8094.3
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).....	0.00
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 49 OF 182

<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. Target Printing and Graphics</b>		Date of Disbursement M M / D D / Y Y Y 10 / 17 / 2014
Mailing Address 9 E Passaic St		Amount of Each Disbursement this Period \$ , , 21.96 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8094.4
City Hackensack	State NJ Zip Code 07601	
Purpose of Disbursement Printing	001	Transaction ID : SB17.8094.4
Candidate Name <b>BELL FOR SENATE</b> Category/Type		
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>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y 10 / 17 / 2014
Mailing Address 360 Broad Ave		Amount of Each Disbursement this Period \$ , , 6.50 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.8094.5
City Princeton	State NJ Zip Code 07605	
Purpose of Disbursement Postage	001	Transaction ID : SB17.8094.5
Candidate Name <b>BELL FOR SENATE</b> Category/Type		
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>c. Gia Coluccio</b>		Date of Disbursement M M / D D / Y Y Y 11 / 03 / 2014
Mailing Address 310 Prospect Ave Apt. 331		Amount of Each Disbursement this Period \$ , , 3000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8119
City Hackensack	State NJ Zip Code 07601	
Purpose of Disbursement Communications consulting	Category/Type	Transaction ID : SB17.8119
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ , , 3000.00
<b>TOTAL</b> This Period (last page this line number only).....	\$ , ,

201604130200090479

**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 50 OF 182			
	<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. Constant Contact</b>		Date of Disbursement M M / D D Y Y Y 10 / 22 / 2014
Mailing Address 17 Battery Pl		Amount of Each Disbursement this Period 147.68
City New York	State NY	
Purpose of Disbursement Email communications	Zip Code 10004	<input type="checkbox"/> Memo Item Transaction ID : SB17.8087
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Constant Contact</b>		Date of Disbursement M M / D D Y Y Y 11 / 03 / 2014
Mailing Address 17 Battery Pl		Amount of Each Disbursement this Period 180.00
City New York	State NY	
Purpose of Disbursement Email communications	Zip Code 10004	<input type="checkbox"/> Memo Item Transaction ID : SB17.8088
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Cornerstone Management Partners</b>		Date of Disbursement M M / D D Y Y Y 11 / 03 / 2014
Mailing Address 17 Westminster Gate		Amount of Each Disbursement this Period 3400.00
City Bergenfield	State NJ	
Purpose of Disbursement Robo calls	Zip Code 07631	<input type="checkbox"/> Memo Item Transaction ID : SB17.8126
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3727.68
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090480

**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 51 OF 182
	<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. Cornerstone Management Partners</b>			Date of Disbursement M M / D D Y Y Y 11 / 03 / 2014		
Mailing Address 17 Westminster Gate			Amount of Each Disbursement this Period 9900.00		
City Bergenfield	State NJ	Zip Code 07631	<input type="checkbox"/> Memo Item Transaction ID : SB17.8129		
Purpose of Disbursement Robo calls		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>B. Cornerstone Management Partners</b>			Date of Disbursement M M / D D Y Y Y 11 / 05 / 2014		
Mailing Address 17 Westminster Gate			Amount of Each Disbursement this Period 10000.00		
City Bergenfield	State NJ	Zip Code 07631	<input type="checkbox"/> Memo Item Transaction ID : SB17.8130		
Purpose of Disbursement Robo calls		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>c. Elizabeth Curtis</b>			Date of Disbursement M M / D D Y Y Y 11 / 12 / 2014		
Mailing Address 5 Halifax Ct			Amount of Each Disbursement this Period 3400.00		
City Marlton	State NJ	Zip Code 08053	<input type="checkbox"/> Memo Item Transaction ID : SB17.8125		
Purpose of Disbursement Fundraising consulting		Category/ Type 001			
Candidate Name <b>BELL FOR SENATE</b>					
Office Sought: <input checked="" type="checkbox"/> House <input 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).....	23300.00
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090481

**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 52 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Rich Danker</b>		Date of Disbursement M M / D D Y Y Y 10 / 17 2014
Mailing Address 4390 Lorcom Ln. Apt 202		Amount of Each Disbursement this Period  3051.99 <input type="checkbox"/> Memo Item Transaction ID : SB17.8121
City Arlington	State VA	
Purpose of Disbursement Salary		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Rich Danker</b>		Date of Disbursement M M / D D Y Y Y 11 / 20 2014
Mailing Address 4390 Lorcom Ln. Apt 202		Amount of Each Disbursement this Period  3052.01 <input type="checkbox"/> Memo Item Transaction ID : SB17.8123
City Arlington	State VA	
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name <b>BELL FOR SENATE</b>		
Office Sought: <input checked="" type="checkbox"/> House <input 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. Elliott Curson Advertising</b>		Date of Disbursement M M / D D Y Y Y 10 / 17 2014
Mailing Address 1900 Rittenhouse Sq		Amount of Each Disbursement this Period  25000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8132
City Philadelphia	State PA	
Purpose of Disbursement TV advertising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	31104.00
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090482

**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 53 OF 182	
	<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. Elliott Curson Advertising</b>		Date of Disbursement M M D D Y Y Y 10 23 2014
Mailing Address 1900 Rittenhouse Sq		Amount of Each Disbursement this Period 60091.50
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Radio advertising	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.8134	

Full Name (Last, First, Middle Initial) <b>B. Elliott Curson Advertising</b>		Date of Disbursement M M D D Y Y Y 10 24 2014
Mailing Address 1900 Rittenhouse Sq		Amount of Each Disbursement this Period 918.00
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Ad production	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.8111	

Full Name (Last, First, Middle Initial) <b>C. Elliott Curson Advertising</b>		Date of Disbursement M M D D Y Y Y 10 28 2014
Mailing Address 1900 Rittenhouse Sq		Amount of Each Disbursement this Period 43082.02
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Radio advertising	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.8133	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	104091.52
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090483

**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 54 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Elliott Curson Advertising</b>		Date of Disbursement M M / D D Y Y Y 10 29 2014
Mailing Address 1900 Rittenhouse Sq		Amount of Each Disbursement this Period 5062.50
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Radio advertising	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8128
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Gellman Images</b>		Date of Disbursement M M / D D Y Y Y 10 23 2014
Mailing Address PO Box 35		Amount of Each Disbursement this Period 1500.00
City Adelphia	State NJ Zip Code 07710	
Purpose of Disbursement Photography	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8115
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Glenpointe Marriot</b>		Date of Disbursement M M / D D Y Y Y 11 06 2014
Mailing Address 100 Frank Burr Hwy		Amount of Each Disbursement this Period 48.20
City Teaneck	State NJ Zip Code 07666	
Purpose of Disbursement Meeting expense	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8075
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6610.70
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090484

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

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

**A. Glenpointe Marriot**

Full Name (Last, First, Middle Initial)

Mailing Address 100 Frank Burr Hwy

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement Meeting expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M D D Y Y  
11 06 2014

Amount of Each Disbursement this Period  
, , 656.62

Memo Item

Transaction ID : SB17.8105

Category/ Type

**B. Glenpointe Marriot**

Full Name (Last, First, Middle Initial)

Mailing Address 100 Frank Burr Hwy

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement Meeting expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M D D Y Y  
11 06 2014

Amount of Each Disbursement this Period  
, , 910.60

Memo Item

Transaction ID : SB17.8110

Category/ Type

**C. Glenpointe Marriot**

Full Name (Last, First, Middle Initial)

Mailing Address 100 Frank Burr Hwy

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement Meeting expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M D D Y Y  
11 07 2014

Amount of Each Disbursement this Period  
, , 9.49

Memo Item

Transaction ID : SB17.8058

Category/ Type

**SUBTOTAL** of Disbursements This Page (optional)..... 1576.71

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

201604130200090485

**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 56 OF 182	
	<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. Glenpointe Marriot</b>			Date of Disbursement M M D D Y Y 11 07 2014		
Mailing Address 100 Frank Burr Hwy			Amount of Each Disbursement this Period 1296.04		
City Teaneck	State NJ	Zip Code 07666	<input type="checkbox"/> Memo Item Transaction ID : SB17.8112		
Purpose of Disbursement Meeting expense		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input 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: District:					

Full Name (Last, First, Middle Initial) <b>B. GoDaddy</b>			Date of Disbursement M M D D Y Y 10 20 2014		
Mailing Address 14455 N. Hayden Rd Suite 219			Amount of Each Disbursement this Period 8.99		
City Scottsdale	State AZ	Zip Code 85260	<input type="checkbox"/> Memo Item Transaction ID : SB17.8055		
Purpose of Disbursement Web hosting		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input 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: District:					

Full Name (Last, First, Middle Initial) <b>C. GoDaddy</b>			Date of Disbursement M M D D Y Y 11 20 2014		
Mailing Address 14455 N. Hayden Rd Suite 219			Amount of Each Disbursement this Period 8.99		
City Scottsdale	State AZ	Zip Code 85260	<input type="checkbox"/> Memo Item Transaction ID : SB17.8056		
Purpose of Disbursement Web hosting		001 Category/ Type			
Candidate Name <b>BELL FOR SENATE</b>					
Office Sought: <input checked="" type="checkbox"/> House <input 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) .....	1314.02
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090486



**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 57 OF 182			
	<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. Google</b>		Date of Disbursement M M / D D / Y Y 11 / 03 / 2014
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 70.00
City Mountain View	State CA	
Zip Code 94041	Purpose of Disbursement Email communications	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8078
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Holiday Inn</b>		Date of Disbursement M M / D D / Y Y 10 / 24 / 2014
Mailing Address 2339 Route 4 E		Amount of Each Disbursement this Period 370.27
City Fort Lee	State NJ	
Zip Code 07024	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8096
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Impressive Printing</b>		Date of Disbursement M M / D D / Y Y 10 / 31 / 2014
Mailing Address 313 10th St		Amount of Each Disbursement this Period 500.76
City Carlsdadt	State NJ	
Zip Code 07072	Purpose of Disbursement Signage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8100
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	941.03
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090487

**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 58 OF 182			
	<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. Intuit</b>		Date of Disbursement M M D D Y Y Y Y 10 27 2014	
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 39.95	
City Mountain View	State CA	Zip Code 94043	<input type="checkbox"/> Memo Item Transaction ID : SB17.8073
Purpose of Disbursement Accounting	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Intuit</b>		Date of Disbursement M M D D Y Y Y Y 10 28 2014	
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 44.70	
City Mountain View	State CA	Zip Code 94043	<input type="checkbox"/> Memo Item Transaction ID : SB17.8074
Purpose of Disbursement Payroll processing	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. New Jersey Department of Treasury</b>		Date of Disbursement M M D D Y Y Y Y 11 04 2014	
Mailing Address 50 Barrack St		Amount of Each Disbursement this Period 353.08	
City Trenton	State NJ	Zip Code 08695	<input type="checkbox"/> Memo Item Transaction ID : SB17.8092
Purpose of Disbursement Tax payment	Candidate Name <b>BELL FOR SENATE</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001	
State: NJ District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	437.73
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090488

**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 59 OF 182	
	<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. PayPal</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2014
Mailing Address 2211 North First St		Amount of Each Disbursement this Period 74.74 <input type="checkbox"/> Memo Item
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Credit card fee	Transaction ID : SB17.8079
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Political Media Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2014
Mailing Address 406 First St SE 3rd Fl		Amount of Each Disbursement this Period 3370.00 <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Fundraising mail	Transaction ID : SB17.8124
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Rao Group</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2014
Mailing Address 4020 Amyington Dr		Amount of Each Disbursement this Period 408.70 <input type="checkbox"/> Memo Item
City Charlotte	State NC	
Zip Code 28226	Purpose of Disbursement Fundraising mail	Transaction ID : SB17.8097
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	3853.44
TOTAL This Period (last page this line number only).....	

201604130200090489

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Rao Group</b>		Date of Disbursement M M D D / Y Y Y 11 07 / 2014
Mailing Address 4020 Amyington Dr		Amount of Each Disbursement this Period \$ , , 731.37
City Charlotte	State NC	
Zip Code 28226	Purpose of Disbursement Fundraising mail	<input type="checkbox"/> Memo Item Transaction ID : SB17.8107
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:

Full Name (Last, First, Middle Initial) <b>B. Rao Group</b>		Date of Disbursement M M D D / Y Y Y 11 07 / 2014
Mailing Address 4020 Amyington Dr		Amount of Each Disbursement this Period \$ , , 778.39
City Charlotte	State NC	
Zip Code 28226	Purpose of Disbursement Fundraising mail	<input type="checkbox"/> Memo Item Transaction ID : SB17.8108
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:

Full Name (Last, First, Middle Initial) <b>C. Rao Group</b>		Date of Disbursement M M D D / Y Y Y 11 07 / 2014
Mailing Address 4020 Amyington Dr		Amount of Each Disbursement this Period \$ , , 1461.02
City Charlotte	State NC	
Zip Code 28226	Purpose of Disbursement Fundraising mail	<input type="checkbox"/> Memo Item Transaction ID : SB17.8113
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ , , 2970.78
<b>TOTAL</b> This Period (last page this line number only).....	\$ , ,

201604130200090490

**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 61 OF 182

<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. Rao Group</b>		Date of Disbursement M M D D Y Y 11 07 2014	
Mailing Address 4020 Amyington Dr		Amount of Each Disbursement this Period 3000.00	
City Charlotte	State NC	Zip Code 28226	<input type="checkbox"/> Memo Item Transaction ID : SB17.8120
Purpose of Disbursement Fundraising consulting		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. Rao Group</b>		Date of Disbursement M M D D Y Y 11 24 2014	
Mailing Address 4020 Amyington Dr		Amount of Each Disbursement this Period 18226.40	
City Charlotte	State NC	Zip Code 28226	<input type="checkbox"/> Memo Item Transaction ID : SB17.8131
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>C. Staples</b>		Date of Disbursement M M D D Y Y 10 20 2014	
Mailing Address 1019 B Edwards Ferry Road		Amount of Each Disbursement this Period 3.18	
City Leesburg	State VA	Zip Code 20176	<input type="checkbox"/> Memo Item Transaction ID : SB17.7974
Purpose of Disbursement Office supplies		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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: District:			

SUBTOTAL of Disbursements This Page (optional).....	21229.58
TOTAL This Period (last page this line number only).....	

201604130200090491

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M D D Y Y 10 20 2014	
Mailing Address 1019 B Edwards Ferry Road		Amount of Each Disbursement this Period 300.38	
City Leesburg	State VA	Zip Code 20176	<input type="checkbox"/> Memo Item Transaction ID : SB17.8089
Purpose of Disbursement Office supplies		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M D D Y Y 10 24 2014	
Mailing Address 1019 B Edwards Ferry Road		Amount of Each Disbursement this Period 4.77	
City Leesburg	State VA	Zip Code 20176	<input type="checkbox"/> Memo Item Transaction ID : SB17.8033
Purpose of Disbursement Office supplies		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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: District:			

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		Date of Disbursement M M D D Y Y 10 27 2014	
Mailing Address 1019 B Edwards Ferry Road		Amount of Each Disbursement this Period 3.18	
City Leesburg	State VA	Zip Code 20176	<input type="checkbox"/> Memo Item Transaction ID : SB17.7975
Purpose of Disbursement Office supplies		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	308.33
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090492

**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 63 OF 182			
	<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. Staples</b>		Date of Disbursement M M / Y Y Y 10 29 2014
Mailing Address 1019 B Edwards Ferry Road		Amount of Each Disbursement this Period \$ - . 6.41
City Leesburg	State VA	
Zip Code 20176		Category/ Type
Purpose of Disbursement Office supplies		
Candidate Name		State: District:
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / Y Y Y 10 31 2014
Mailing Address 1019 B Edwards Ferry Road		Amount of Each Disbursement this Period \$ - . 3.18
City Leesburg	State VA	
Zip Code 20176		Category/ Type
Purpose of Disbursement Office supplies		
Candidate Name		State: District:
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		Date of Disbursement M M / Y Y Y 10 31 2014
Mailing Address 1019 B Edwards Ferry Road		Amount of Each Disbursement this Period \$ - . 9.59
City Leesburg	State VA	
Zip Code 20176		Category/ Type
Purpose of Disbursement Office supplies		
Candidate Name		State: District:
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	

SUBTOTAL of Disbursements This Page (optional).....	\$ - . 19.18
TOTAL This Period (last page this line number only).....	\$ - .

201604130200090493

**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 64 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.59
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7745
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.59
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7746
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.59
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7747
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1.77
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090494



**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 65 OF 182	
	<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. Stripe</b>		Date of Disbursement M M D D Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.59
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7748

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.74
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7766

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.74
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7767

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2.07
<b>TOTAL</b> This Period (last page this line number only).....	

20160413020090495

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item Transaction ID : SB17.7858
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item Transaction ID : SB17.7859
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item Transaction ID : SB17.7860
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.09
<b>TOTAL</b> This Period (last page this line number only).....	3.09

201604130200090496

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7861
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7862
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7863
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.09
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090497

**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 68 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7864
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7865
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7866
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.09
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090498

**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 69 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>			Date of Disbursement M M O O Y Y Y Y 10 16 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.17 <input type="checkbox"/> Memo Item Transaction ID : SB17.7868	
City San Francisco	State CA	Zip Code 94110		
Purpose of Disbursement Credit card fee		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M O O Y Y Y Y 10 16 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.17 <input type="checkbox"/> Memo Item Transaction ID : SB17.7869	
City San Francisco	State CA	Zip Code 94110		
Purpose of Disbursement Credit card fee		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M O O Y Y Y Y 10 16 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.32 <input type="checkbox"/> Memo Item Transaction ID : SB17.7873	
City San Francisco	State CA	Zip Code 94110		
Purpose of Disbursement Credit card fee		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3.66
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090499

**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 70 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.32
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item Transaction ID : SB17.7874
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item Transaction ID : SB17.7963
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item Transaction ID : SB17.7964
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4.82
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090500

**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 71 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7965
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7966
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7967
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.25
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090501

**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 72 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7968
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7969
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / J D / Y Y Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7970
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.25
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090502



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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7971
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7972
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 16 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7973
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5.25
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090503

**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 74 OF 182

<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. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ 3.20 <input type="checkbox"/> Memo Item Transaction ID : SB17.8026
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ 3.20 <input type="checkbox"/> Memo Item Transaction ID : SB17.8027
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 / 16 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ 3.20 <input type="checkbox"/> Memo Item Transaction ID : SB17.8028
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 9.60
<b>TOTAL</b> This Period (last page this line number only).....	\$ 9.60

201604130200090504

**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 75 OF 182			
	<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. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 3.20	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8029	
Office Sought: <input type="checkbox"/> House <input 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:	District:			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 3.20	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8030	
Office Sought: <input type="checkbox"/> House <input 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:	District:			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 3.20	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8031	
Office Sought: <input type="checkbox"/> House <input 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:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9.60
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090505

**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 76 OF 182
	<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. Stripe</b>			Date of Disbursement M M D D Y Y 10 16 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 3.20		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8032		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M D D Y Y 10 16 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 29.30		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8071		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M D D Y Y 10 17 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 0.59		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7743		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

SUBTOTAL of Disbursements This Page (optional).....			33.09		
TOTAL This Period (last page this line number only).....					

201604130200090506

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 17 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  0.59
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7744

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 17 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7855

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / J D / Y Y Y 10 / 17 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7856

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2.65
<b>TOTAL</b> This Period (last page this line number only).....	.

201604130200090507

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 17 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7857
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 17 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.34
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7875
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 17 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7957
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4.12
<b>TOTAL</b> This Period (last page this line number only).....	.

201604130200090508

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D Y Y 10 17 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.75 Memo Item Transaction ID : SB17.7958
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y 10 17 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.75 Memo Item Transaction ID : SB17.7959
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M J D Y Y 10 17 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.75 Memo Item Transaction ID : SB17.7960
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.25
<b>TOTAL</b> This Period (last page this line number only).....	.

201604130200090509

**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 80 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 17 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7961
City San Francisco State CA Zip Code 94110		
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 17 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7962
City San Francisco State CA Zip Code 94110		
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 17 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20 <input type="checkbox"/> Memo Item Transaction ID : SB17.8025
City San Francisco State CA Zip Code 94110		
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6.70
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090510



**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 81 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 / 17 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8053
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 / 17 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8054
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 / 17 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 14.80
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8065
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	29.90
<b>TOTAL</b> This Period (last page this line number only).....	

20160413020090511

**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 82 OF 182	
	<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. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.46 <input type="checkbox"/> Memo Item Transaction ID : SB17.7877
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7951
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7952
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4.96
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090512

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 / 18 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7953
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 / 18 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7954
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 / 18 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7955
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) .....	5.25
TOTAL This Period (last page this line number only) .....	

201604130200090513

**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 84 OF 182

<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. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 / 18 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item Transaction ID : SB17.7956
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 / 18 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item Transaction ID : SB17.8024
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / J D / Y Y 10 / 19 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item Transaction ID : SB17.7852
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5.98
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090514

**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 85 OF 182			
	<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. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 19 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7853
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 19 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7854
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 19 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7950
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.81
<b>TOTAL</b> This Period (last page this line number only).....	

20160413020090515

**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 86 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D / Y Y 10 19 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8020
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D / Y Y 10 19 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8021
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D / Y Y 10 19 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8022
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.60
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090516

**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 87 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 3.20		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.8023		
Purpose of Disbursement Credit card fee		Category/ Type			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 6.10		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.8035		
Purpose of Disbursement Credit card fee		Category/ Type			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 14.80		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.8064		
Purpose of Disbursement Credit card fee		Category/ Type			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24.10
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090517

**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 88 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y 10 / 20 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.88
City San Francisco State CA Zip Code 94110	Category/ Type	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.7773	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y 10 / 20 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco State CA Zip Code 94110	Category/ Type	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.7849	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y 10 / 20 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco State CA Zip Code 94110	Category/ Type	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.7850	
Office Sought: <input type="checkbox"/> House <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	2.94
TOTAL This Period (last page this line number only).....	

201604130200090518



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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D Y Y 10 20 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03	
City San Francisco	State CA	Zip Code 94110	Category/ Type
Purpose of Disbursement Credit card fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input 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:	District:	Transaction ID : SB17.7851	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y 10 20 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75	
City San Francisco	State CA	Zip Code 94110	Category/ Type
Purpose of Disbursement Credit card fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input 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:	District:	Transaction ID : SB17.7947	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y 10 20 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75	
City San Francisco	State CA	Zip Code 94110	Category/ Type
Purpose of Disbursement Credit card fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input 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:	District:	Transaction ID : SB17.7948	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4.53
<b>TOTAL</b> This Period (last page this line number only).....	.

201604130200090519

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D Y Y 10 20 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75	
City San Francisco	State CA	Zip Code 94110	Category/ Type
Purpose of Disbursement Credit card fee		Memo Item <input type="checkbox"/>	
Candidate Name			Transaction ID : SB17.7949
Office Sought: <input type="checkbox"/> House <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y 10 20 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20	
City San Francisco	State CA	Zip Code 94110	Category/ Type
Purpose of Disbursement Credit card fee		Memo Item <input type="checkbox"/>	
Candidate Name			Transaction ID : SB17.8017
Office Sought: <input type="checkbox"/> House <input 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: District:			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y 10 20 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20	
City San Francisco	State CA	Zip Code 94110	Category/ Type
Purpose of Disbursement Credit card fee		Memo Item <input type="checkbox"/>	
Candidate Name			Transaction ID : SB17.8018
Office Sought: <input type="checkbox"/> House <input 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: District:			

SUBTOTAL of Disbursements This Page (optional).....		8.15	
TOTAL This Period (last page this line number only).....			

201604130200090520

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D Y Y Y Y 10 20 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8019
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y Y Y 10 20 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8052
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y Y Y 10 20 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 22.05
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8066
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	32.80
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090521

**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 92 OF 182			
	<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. Stripe</b>			Date of Disbursement M M / D D Y Y 10 20 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period \$ , , 58.30	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8077	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D Y Y 10 21 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period \$ , , 1.03	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7845	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>			Date of Disbursement M M / D D Y Y 10 21 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period \$ , , 1.03	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7846	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$ , , 60.36
<b>TOTAL</b> This Period (last page this line number only) .....	\$ , , .

201604130200090522

**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 93 OF 182

<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. Stripe</b>		Date of Disbursement MM / DD / YYY 10 / 21 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7847
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYY 10 / 21 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7848
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYY 10 / 21 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7942
State:	District:	

**SUBTOTAL** of Disbursements This Page (optional)..... 3.81

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

201604130200090523

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 21 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7943
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 21 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7944
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 21 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7945
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

5.25

20160413020090524

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D Y Y 10 21 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1,75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7946
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y 10 21 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  3,20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8016
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y 10 21 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  29,30
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.8070
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34.25
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090525

**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 96 OF 182			
	<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. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 21 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 75.70	
City San Francisco	State CA	Zip Code 94110	Category/ Type	
Purpose of Disbursement Credit card fee		Memo Item <input type="checkbox"/>		
Candidate Name		Transaction ID : SB17.8081		
Office Sought: <input type="checkbox"/> House <input 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: District:				

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 22 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 0.45	
City San Francisco	State CA	Zip Code 94110	Category/ Type	
Purpose of Disbursement Credit card fee		Memo Item <input type="checkbox"/>		
Candidate Name		Transaction ID : SB17.7729		
Office Sought: <input type="checkbox"/> House <input 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: District:				

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 22 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 0.59	
City San Francisco	State CA	Zip Code 94110	Category/ Type	
Purpose of Disbursement Credit card fee		Memo Item <input type="checkbox"/>		
Candidate Name		Transaction ID : SB17.7742		
Office Sought: <input type="checkbox"/> House <input 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: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	76.74
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090526



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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7832
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7833
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7834
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.09
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090527

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Transaction ID : SB17.7835
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Transaction ID : SB17.7836
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Transaction ID : SB17.7837
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	3.09
TOTAL This Period (last page this line number only).....	

201604130200090528

**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 99 OF 182
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco State CA Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7838	
Purpose of Disbursement Credit card fee		Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco State CA Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7839	
Purpose of Disbursement Credit card fee		Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco State CA Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7840	
Purpose of Disbursement Credit card fee		Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.09
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090529

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 22 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7841
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 22 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7842
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 22 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7843
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

**SUBTOTAL** of Disbursements This Page (optional) ..... 3.09  
**TOTAL** This Period (last page this line number only) .....

20160413020090530

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D Y Y Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7844
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D / Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7934
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7935
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4.53
<b>TOTAL</b> This Period (last page this line number only).....	.

201604130200090531

**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 102 OF 182

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) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7936
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7937
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7938
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.25
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090532

**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 103 OF 182			
	<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. Stripe</b>			Date of Disbursement M M / D D Y Y 10 22 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7939		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type	
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D Y Y 10 22 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7940		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type	
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M / D D Y Y 10 22 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7941		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type	
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....				5.25
<b>TOTAL</b> This Period (last page this line number only).....				

20160413020090533

**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) <b>A. Stripe</b>		Date of Disbursement MM / DD    YY 10    22    2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ , , 3.20 <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Transaction ID : SB17.8011
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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:    District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD    YY 10    22    2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ , , 3.20 <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Transaction ID : SB17.8012
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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:    District:		

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement MM / DD    YY 10    22    2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ , , 3.20 <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Transaction ID : SB17.8013
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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:    District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9.60
<b>TOTAL</b> This Period (last page this line number only) .....	.

201604130200090534



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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20 <input type="checkbox"/> Memo Item Transaction ID : SB17.8014
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20 <input type="checkbox"/> Memo Item Transaction ID : SB17.8015
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55 <input type="checkbox"/> Memo Item Transaction ID : SB17.8048
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13.95
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090535

**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 106 OF 182
	<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. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item Transaction ID : SB17.8049
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item Transaction ID : SB17.8050
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item Transaction ID : SB17.8051
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22.65
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090536

**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 107 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 22 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period - , - , . 14.80
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input 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: District:	Transaction ID : SB17.8063

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period - , - , . 0.45
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input 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: District:	Transaction ID : SB17.7728

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period - , - , . 0.55
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input 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: District:	Transaction ID : SB17.7731

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15.80
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090537

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y 10 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.59
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7740
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y 10 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.59
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7741
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y 10 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.88
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7771
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2.06
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090538

**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 109 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 / 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.88
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7772
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y 10 / 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7827
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y 10 / 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7828
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2.94
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090539

**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 110 OF 182			
	<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. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.7829	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.7830	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.7831	

SUBTOTAL of Disbursements This Page (optional) .....	3.09
TOTAL This Period (last page this line number only) .....	

201604130200090540

**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 111 OF 182			
	<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. Stripe</b>			Date of Disbursement M M / D D Y Y Y 10 23 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.69		
City San Francisco		State CA	Zip Code 94110		Category/ Type
Purpose of Disbursement Credit card fee					
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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: District:		Transaction ID : SB17.7878			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D Y Y Y 10 23 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco		State CA	Zip Code 94110		Category/ Type
Purpose of Disbursement Credit card fee					
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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: District:		Transaction ID : SB17.7927			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M / D D Y Y Y 10 23 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco		State CA	Zip Code 94110		Category/ Type
Purpose of Disbursement Credit card fee					
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input 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: District:		Transaction ID : SB17.7928			

SUBTOTAL of Disbursements This Page (optional).....	5.19
TOTAL This Period (last page this line number only).....	

20160413020090541

**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 112 OF 182			
	<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. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 23 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7929		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 23 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7930		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 23 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7931		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.25
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090542



**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 113 OF 182
	<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. Stripe</b>			Date of Disbursement M M / D D / Y Y / I 10 / 23 / 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7932		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D / Y Y / I 10 / 23 / 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7933		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M / D D / Y Y / I 10 / 23 / 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 3.20		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8001		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6.70
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090543

**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 114 OF 182
	<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. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 3.20		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8002		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 3.20		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8003		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 3.20		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8004		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.60
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090544

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20 <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Transaction ID : SB17.8005
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20 <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Transaction ID : SB17.8006
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20 <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Transaction ID : SB17.8007
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	9.60
TOTAL This Period (last page this line number only).....	

201604130200090545

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M . D D Y Y Y Y 10 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8008
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M . D D Y Y Y Y 10 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8009
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M . D D Y Y Y Y 10 23 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8010
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.60
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090546

**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 117 OF 182		
	<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. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 / 24 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.59
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7739
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 / 24 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.74
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7765
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 / 24 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7823
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2.36
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090547

**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 118 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>			Date of Disbursement M M / D D Y Y 10 24 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period \$ , , 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7824		
City San Francisco	State CA	Zip Code 94110			
Purpose of Disbursement Credit card fee		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D Y Y 10 24 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period \$ , , 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7825		
City San Francisco	State CA	Zip Code 94110			
Purpose of Disbursement Credit card fee		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M / D D Y Y Y 10 24 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period \$ , , 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7826		
City San Francisco	State CA	Zip Code 94110			
Purpose of Disbursement Credit card fee		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional) .....			3.09		
TOTAL This Period (last page this line number only) .....					

201604130200090548

**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 119 OF 182			
	<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. Stripe</b>		Date of Disbursement M M D D Y Y 10 24 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ , , 1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7921
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y 10 24 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ , , 1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7922
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 24 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ , , 1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7923
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$ , , 5.25
<b>TOTAL</b> This Period (last page this line number only) .....	\$ , , .

201604130200090549

**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 120 OF 182			
	<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. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7924
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7925
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7926
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.25
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090550



**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. Stripe**

Date of Disbursement: M M D D Y Y  
10 24 2014

Mailing Address: 3180 18th St STE 100

City: San Francisco State: CA Zip Code: 94110

Purpose of Disbursement: Credit card fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period: 3.20

Memo Item

Transaction ID : SB17.8000

Full Name (Last, First, Middle Initial)

**B. Stripe**

Date of Disbursement: M M D D Y Y  
10 25 2014

Mailing Address: 3180 18th St STE 100

City: San Francisco State: CA Zip Code: 94110

Purpose of Disbursement: Credit card fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period: 1.03

Memo Item

Transaction ID : SB17.7822

Full Name (Last, First, Middle Initial)

**C. Stripe**

Date of Disbursement: M M D D Y Y  
10 25 2014

Mailing Address: 3180 18th St STE 100

City: San Francisco State: CA Zip Code: 94110

Purpose of Disbursement: Credit card fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period: 7.55

Memo Item

Transaction ID : SB17.8047

**SUBTOTAL** of Disbursements This Page (optional) ..... 11.78

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

201604130200090551

**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 122 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D Y Y 10 25 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period - - - - - 9.00
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	Transaction ID : SB17.8057

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y 10 26 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period - - - - - 0.59
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	Transaction ID : SB17.7738

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y 10 26 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period - - - - - 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	Transaction ID : SB17.7821

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10.62
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090552

**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 123 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 27 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.45
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7727
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 27 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.74
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7762
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 27 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.74
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7763
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1.93
TOTAL This Period (last page this line number only).....	

201604130200090553

**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 124 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 27 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ , . , . 0.74
City San Francisco State CA Zip Code 94110	Category/ Type	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.7764	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 27 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ , . , . 1.03
City San Francisco State CA Zip Code 94110	Category/ Type	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.7817	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 27 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ , . , . 1.03
City San Francisco State CA Zip Code 94110	Category/ Type	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.7818	
Office Sought: <input type="checkbox"/> House <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ , . , . 2.80
<b>TOTAL</b> This Period (last page this line number only).....	\$ , . , .

201604130200090554

**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 125 OF 182			
	<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. Stripe</b>		Date of Disbursement M M D D Y Y 10 27 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7819
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y 10 27 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7820
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y 10 27 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.32
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7872
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	3.38
TOTAL This Period (last page this line number only).....	

20160413020090555

**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 126 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 27 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7916
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 27 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7917
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 27 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7918
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.25
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090556

**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 127 OF 182	
	<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. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 27 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7919
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 27 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7920
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 27 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7999
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6.70
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090557

**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 128 OF 182
	<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. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 27 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 14.80	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.8061
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 27 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 14.80	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.8062
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D / Y Y Y 10 28 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.74	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7761
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	30.34
TOTAL This Period (last page this line number only).....	

201604130200090558



**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 129 OF 182	
	<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. Stripe</b>		Date of Disbursement M M / D D Y Y 10 28 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7813
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y 10 28 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7814
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y 10 28 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7815
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.09
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090559

**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 130 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D Y Y 10 28 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7816
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y 10 28 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7914
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y 10 28 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7915
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4.53
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090560

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 28 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20 <input type="checkbox"/> Memo Item
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee		Transaction ID : SB17.7997
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 28 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20 <input type="checkbox"/> Memo Item
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee		Transaction ID : SB17.7998
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 28 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 29.30 <input type="checkbox"/> Memo Item
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee		Transaction ID : SB17.8069
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	35.70
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090561

**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 132 OF 182	
	<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. Stripe</b>			Date of Disbursement M M D D Y Y 10 29 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period \$ , , .045 <input type="checkbox"/> Memo Item Transaction ID : SB17.7726		
City San Francisco	State CA	Zip Code 94110			
Purpose of Disbursement Credit card fee		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M D D Y Y 10 29 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period \$ , , .50 <input type="checkbox"/> Memo Item Transaction ID : SB17.7730		
City San Francisco	State CA	Zip Code 94110			
Purpose of Disbursement Credit card fee		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M D D Y Y 10 29 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period \$ , , .74 <input type="checkbox"/> Memo Item Transaction ID : SB17.7757		
City San Francisco	State CA	Zip Code 94110			
Purpose of Disbursement Credit card fee		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	1.69
TOTAL This Period (last page this line number only).....	\$	\$	.

201604130200090562

**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 133 OF 182			
	<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. Stripe</b>			Date of Disbursement M M D D Y Y 10 29 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 0.74		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7758		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M D D Y Y 10 29 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 0.74		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7759		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M D D Y Y 10 29 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 0.74		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7760		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	2.22
TOTAL This Period (last page this line number only).....	

201604130200090563

**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 134 OF 182		
	<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. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.88
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7770
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7797
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7798
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2.94
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090564

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7799
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7800
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7801
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.09
<b>TOTAL</b> This Period (last page this line number only).....	

20160413020090565

**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 136 OF 182			
	<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. Stripe</b>		Date of Disbursement M M D D / Y Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.7802	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D / Y Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.7803	

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement M M D D / Y Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.7804	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3.09
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090566



**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 137 OF 182
	<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. Stripe</b>		Date of Disbursement M M D D Y Y 10 29 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7805
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y 10 29 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7806
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y 10 29 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7807
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input 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:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.09
<b>TOTAL</b> This Period (last page this line number only).....	.

201604130200090567

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7808
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7809
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7810
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.09
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090568

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 29 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7811
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 29 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7812
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 29 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ 1.75 <input type="checkbox"/> Memo Item Transaction ID : SB17.7903
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$	\$	3.81
<b>TOTAL</b> This Period (last page this line number only).....	\$	\$	.

201604130200090569

**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. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18th St  
STE 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement  
Credit card fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y  
10 / 29 / 2014

Amount of Each Disbursement this Period  
1.75

Memo Item

Transaction ID : SB17.7904

**B. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18th St  
STE 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement  
Credit card fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y  
10 / 29 / 2014

Amount of Each Disbursement this Period  
1.75

Memo Item

Transaction ID : SB17.7905

**C. Stripe**

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18th St  
STE 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement  
Credit card fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y  
10 / 29 / 2014

Amount of Each Disbursement this Period  
1.75

Memo Item

Transaction ID : SB17.7906

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.25
<b>TOTAL</b> This Period (last page this line number only).....	5.25

201604130200090570

**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 141 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7907
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7908
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7909
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.25
<b>TOTAL</b> This Period (last page this line number only).....	.

201604130200090571

**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 142 OF 182
	<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. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 29 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7910
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 29 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7911
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 29 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7912
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5.25
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090572

**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 143 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 29 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7913
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 29 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7992
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 29 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7993
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8.15
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090573

**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) <b>A. Stripe</b>		Date of Disbursement M M / D D    Y Y 10 / 29    2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D    Y Y Y 10 / 29    2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M    D D    Y Y 10    29    2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.60
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090574



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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55 <input type="checkbox"/> Memo Item Transaction ID : SB17.8045
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		
Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55 <input type="checkbox"/> Memo Item Transaction ID : SB17.8046
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		
Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y 10 29 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 29.30 <input type="checkbox"/> Memo Item Transaction ID : SB17.8068
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		44.40
<b>TOTAL</b> This Period (last page this line number only).....		

201604130200090575

**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 146 OF 182			
	<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. Stripe</b>		Date of Disbursement M M D D Y Y Y 10 30 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.59 <input type="checkbox"/> Memo Item Transaction ID : SB17.7734
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y 10 30 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.59 <input type="checkbox"/> Memo Item Transaction ID : SB17.7735
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y Y Y 10 30 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.59 <input type="checkbox"/> Memo Item Transaction ID : SB17.7736
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1.77
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090576

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D Y Y Y Y 10 30 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.59	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7737
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y Y Y 10 30 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7793
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D Y Y Y Y 10 30 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7794
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2.65
TOTAL This Period (last page this line number only).....	

201604130200090577

**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 148 OF 182

<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. Stripe</b>		Date of Disbursement M M / D D Y Y 10 30 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7795
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y 10 30 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7796
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y 10 30 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.32 <input type="checkbox"/> Memo Item Transaction ID : SB17.7871
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... 3.38

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

201604130200090578

**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 149 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 30 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7894
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 30 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7895
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 30 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period  1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7896
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.25
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090579

**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 150 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D / Y Y / 10 30 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7897
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y / 10 30 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7898
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y / 10 30 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7899
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5.25
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090580

**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 151 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>			Date of Disbursement M M / D D Y Y Y Y 10 / 30 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7900		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D Y Y Y Y 10 / 30 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7901		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M / D D Y Y Y Y 10 / 30 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7902		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

SUBTOTAL of Disbursements This Page (optional).....	5.25
TOTAL This Period (last page this line number only).....	

201604130200090581

**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 152 OF 182			
	<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. Stripe</b>		Date of Disbursement M M D D / Y Y Y 10 30 / 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Transaction ID : SB17.7989	
Office Sought: <input type="checkbox"/> House <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D / Y Y Y 10 30 / 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Transaction ID : SB17.7990	
Office Sought: <input type="checkbox"/> House <input 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: District:			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D / Y Y Y 10 30 / 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name		Transaction ID : SB17.7991	
Office Sought: <input type="checkbox"/> House <input 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: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.60
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090582



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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 30 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 14.80
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8060
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y 10 30 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 75.70
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8080
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.59
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7733
State: District:		

**SUBTOTAL** of Disbursements This Page (optional) .....

91.09

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

201604130200090583

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y 10 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ , , 0.68 <input type="checkbox"/> Memo Item Transaction ID : SB17.7749
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		
Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y 10 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ , , 0.74 <input type="checkbox"/> Memo Item Transaction ID : SB17.7753
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		
Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y 10 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period \$ , , 0.74 <input type="checkbox"/> Memo Item Transaction ID : SB17.7754
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		
SUBTOTAL of Disbursements This Page (optional).....		\$ , , 2.16
TOTAL This Period (last page this line number only).....		\$ , , .

201604130200090584

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D / Y Y 10 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.74
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7755
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D / Y Y 10 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.74
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7756
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D / Y Y 10 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7784
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2.51
<b>TOTAL</b> This Period (last page this line number only).....	

20160413020090585

**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 156 OF 182	
	<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. Stripe</b>		Date of Disbursement MM / DD / YY 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period ----- 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7785
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YY 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period ----- 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7786
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement MM / DD / YY 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period ----- 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7787
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.09
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090586

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D / Y Y Y 10 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7788
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D / Y Y Y 10 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7789
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement M M D D / Y Y Y 10 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7790
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3.09
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090587

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7791
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7792
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.17
City San Francisco	State CA	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7867
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	3.23
TOTAL This Period (last page this line number only).....	

201604130200090588

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.32
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7870

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.46
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7876

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7887

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4.53
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090589

**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 160 OF 182
	<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. Stripe</b>			Date of Disbursement M M / D D / Y Y Y 10 / 31 / 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7888		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D / Y Y Y 10 / 31 / 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7889		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M / D D / Y Y Y 10 / 31 / 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 1.75		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7890		
Office Sought: <input type="checkbox"/> House <input 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:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.25
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090590



**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 161 OF 182			
	<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. Stripe</b>		Date of Disbursement M M / D D Y Y Y - 10 / 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco State CA Zip Code 94110	Category/ Type	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.7891	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y - 10 / 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco State CA Zip Code 94110	Category/ Type	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.7892	
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y Y - 10 / 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco State CA Zip Code 94110	Category/ Type	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.7893	
Office Sought: <input type="checkbox"/> House <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.25
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090591

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y / Y Y 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y / Y Y 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y / Y Y 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.60
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090592

**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 163 OF 182			
	<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. Stripe</b>		Date of Disbursement M M D D Y Y 10 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7986
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D Y Y 10 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7987
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement M M D D Y Y 10 31 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7988
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.60
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090593

**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 164 OF 182
	<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. Stripe</b>			Date of Disbursement M M / D D / Y Y 10 / 31 / 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 7.55	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8040	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D / Y Y 10 / 31 / 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 7.55	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8041	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M / D D / Y Y 10 / 31 / 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 7.55	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8042	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	22.65
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090594

**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 165 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YY 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item Transaction ID : SB17.8043
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YY 10 / 31 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item Transaction ID : SB17.8044
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YY 11 / 01 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.45
City San Francisco	State CA	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item Transaction ID : SB17.7725
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15.55
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090595

**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 166 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>			Date of Disbursement M M / D D Y Y 11 01 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 0.74	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7751	
Office Sought: <input type="checkbox"/> House <input 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:	District:			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D Y Y 11 01 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 0.74	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7752	
Office Sought: <input type="checkbox"/> House <input 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:	District:			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>			Date of Disbursement M M / D D Y Y 11 01 2014	
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period 0.88	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7768	
Office Sought: <input type="checkbox"/> House <input 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:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2.36
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090596

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD YYY 11 / 01 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.88
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7769

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD YYY 11 / 01 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7778

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD YYY 11 / 01 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.7779

SUBTOTAL of Disbursements This Page (optional).....	2.94
TOTAL This Period (last page this line number only).....	

201604130200090597

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D Y Y 11 01 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7780
City San Francisco State CA Zip Code 94110		
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input 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: District:	
Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y 11 01 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7781
City San Francisco State CA Zip Code 94110		
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input 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: District:	
Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D Y Y 11 01 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Memo Item Transaction ID : SB17.7782
City San Francisco State CA Zip Code 94110		
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input 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: District:	
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		3.09
<b>TOTAL</b> This Period (last page this line number only).....		

201604130200090598



**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 169 OF 182	
	<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. Stripe</b>		Date of Disbursement M M / D D Y Y 11 / 01 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7783
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D Y Y Y 11 / 01 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7885
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement M M / D D Y Y 11 / 01 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7886
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4.53
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090599

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 11 / 01 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7979
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 11 / 01 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7980
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 11 / 01 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.7981
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.60
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090600

**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 171 OF 182

<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. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 11 / 01 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110		
Purpose of Disbursement Credit card fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 11 / 01 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA	
Zip Code 94110		
Purpose of Disbursement Credit card fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 11 / 01 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 29.30
City San Francisco	State CA	
Zip Code 94110		
Purpose of Disbursement Credit card fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

**SUBTOTAL** of Disbursements This Page (optional).....

40.05

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

201604130200090601

**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 172 OF 182			
	<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. Stripe</b>		Date of Disbursement M M   D D   Y Y Y Y 11   02   2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7777
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M   D D   Y Y 11   02   2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7884
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M   D D   Y Y Y Y 11   02   2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA	
Purpose of Disbursement Credit card fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8038
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10.33
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090602

**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 173 OF 182			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D / Y Y Y 11 03 / 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.59	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7732
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D / Y Y Y 11 03 / 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 0.74	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7750
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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: District:			

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D / Y Y Y 11 03 / 2014	
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item Transaction ID : SB17.7774
Purpose of Disbursement Credit card fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2.36
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090603

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 11 / 03 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Transaction ID : SB17.7775
Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 11 / 03 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Transaction ID : SB17.7776
Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M / D D / Y Y Y 11 / 03 / 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit card fee	Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Transaction ID : SB17.7881
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		3.81
<b>TOTAL</b> This Period (last page this line number only) .....		

201604130200090604

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M D D / Y Y Y 11 03 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.7882	

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M D D / Y Y Y 11 03 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.7883	

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D / Y Y Y 11 03 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit card fee	Candidate Name	Category/ Type <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17.7977	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6.70
<b>TOTAL</b> This Period (last page this line number only) .....	

201604130200090605

**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 176 OF 182			
	<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. Stripe</b>		Date of Disbursement M M . D D . Y Y Y 11 . 03 . 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110		
Purpose of Disbursement Credit card fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement M M . D D . Y Y Y 11 . 03 . 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA	
Zip Code 94110		
Purpose of Disbursement Credit card fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M . D D . Y Y 11 . 05 . 2014
Mailing Address 3180 18th St STE 100		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110		
Purpose of Disbursement Credit card fee		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).....	12.50
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090606



**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 177 OF 182
	<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. Stripe</b>			Date of Disbursement M M / D D Y Y 11 08 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period \$ , , 1.75		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.7879		
Office Sought: <input type="checkbox"/> House <input 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:	District:	Category/ Type			

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>			Date of Disbursement M M / D D Y Y 11 13 2014		
Mailing Address 3180 18th St STE 100			Amount of Each Disbursement this Period \$ , , 6.10		
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Credit card fee		Candidate Name	Transaction ID : SB17.8034		
Office Sought: <input type="checkbox"/> House <input 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:	District:	Category/ Type			

Full Name (Last, First, Middle Initial) <b>C. TCD Compliance, LLC</b>			Date of Disbursement M M / D D Y Y 10 18 2014		
Mailing Address 3365 Cherry Lane Unit D			Amount of Each Disbursement this Period \$ , , 630.00		
City Woodbury	State MN	Zip Code 55129	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Accounting and Reporting		Candidate Name <b>BELL FOR SENATE</b>	Transaction ID : SB17.6982		
Office Sought: <input checked="" type="checkbox"/> House <input 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	Category/ Type 001			

SUBTOTAL of Disbursements This Page (optional).....	\$ , , 637.85
TOTAL This Period (last page this line number only).....	\$ , , .

201604130200090607

**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 178 OF 182
	<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. TCD Compliance, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2014
Mailing Address 3365 Cherry Lane Unit D		Amount of Each Disbursement this Period - , - , - 490.00
City Woodbury	State MN	
Zip Code 55129	Purpose of Disbursement Accounting and Reporting	<input type="checkbox"/> Memo Item Transaction ID : SB17.6978
Candidate Name <b>BELL FOR SENATE</b>	001 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>B. TCD Compliance, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2014
Mailing Address 3365 Cherry Lane Unit D		Amount of Each Disbursement this Period - , - , - 35.20
City Woodbury	State MN	
Zip Code 55129	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item Transaction ID : SB17.6980
Candidate Name <b>BELL FOR SENATE</b>	001 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>C. USPS</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2014
Mailing Address 360 Broad Ave		Amount of Each Disbursement this Period - , - , - 35.20
City Princeton	State NJ	
Zip Code 07605	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.6980.0
Candidate Name <b>BELL FOR SENATE</b>	001 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	525.20
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090608

**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 180 OF 182
	<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. USPS</b>		Date of Disbursement MM / DD / YY 10 / 23 / 2014
Mailing Address 360 Broad Ave		Amount of Each Disbursement this Period 490.00
City Princeton	State NJ	
Zip Code 07605	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8098
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement MM / DD / YY 10 / 21 / 2014
Mailing Address 540 Broad St		Amount of Each Disbursement this Period 331.34
City Newark	State NJ	
Zip Code 07102	Purpose of Disbursement Internet access	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8091
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Vertical Response</b>		Date of Disbursement MM / DD / YY 10 / 22 / 2014
Mailing Address 50 Beale St Floor 10		Amount of Each Disbursement this Period 128.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Email communications	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8084
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	949.34
<b>TOTAL</b> This Period (last page this line number only).....	

201604130200090609

**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 181 OF 182
	<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. Vertical Response</b>			Date of Disbursement M M . D D / Y Y 11 24 / 2014
Mailing Address 50 Beale St Floor 10			Amount of Each Disbursement this Period - - - - - 128.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8085
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Email communications		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. Wells Fargo</b>			Date of Disbursement M M . D D / Y Y 10 31 / 2014
Mailing Address 2213 North Glebe Road			Amount of Each Disbursement this Period - - - - - 56.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.8076
City Arlington	State VA	Zip Code 22207	
Purpose of Disbursement Bank fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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:	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 - - - - - <input type="checkbox"/> Memo Item
City	State	Zip Code	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	184.00
<b>TOTAL</b> This Period (last page this line number only) .....	223884.88

201604130200090610

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 182 OF 182
	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	
14993.33		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	14993.33

B. 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 : SD10.6975	
566.46		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	566.46

C. 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	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
7617.84	0.00	7617.84

1) SUBTOTALS This Period This Page (optional) ...	23177.63
2) TOTALS This Period (last page this line number only) ...	23177.63
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	23177.63

201604130200090611

**Hand Delivered**

201604130200090612

# 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

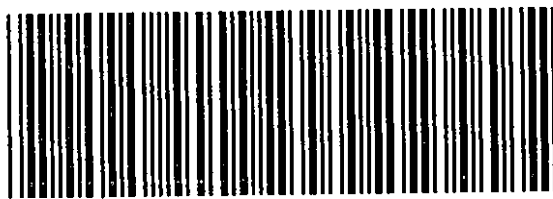
OTHER \_\_\_\_\_

Date of Receipt or Postmark

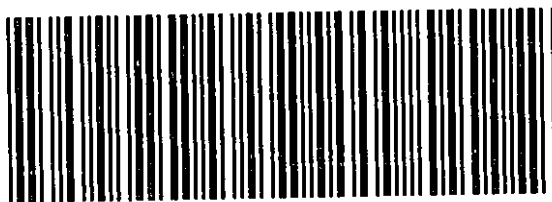
PREPARER **DH** DATE PREPARED **4-13-16**

4/04/16

201604130200090613



SEN PATCH



SEN PATCH

201604130200090614