

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC  
PAGE 1 / 11  
15 FEB -3 PM 3:58

**FEC  
FORM 3**

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

Office Use Only

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

12FE4M5

BELL FOR SENATE

ADDRESS (number and street) PO BOX 31  
PALISADES PARK NJ 07650

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C C00558122

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)
- Election on MM/DD/YYYY in the State of

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

- General (30G)  Runoff (30R)  Special (30S)
- Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY  
11/25/2014 through 12/31/2014

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 Alfred A. Angelo

Signature of Treasurer [Signature] Date MM/DD/YYYY 1/30/2014

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

Office Use Only

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

15020081756

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

Report Covering the Period: From:

M M / D D / Y Y Y Y  
 11 / 25 / 2014

To:

M M / D D / Y Y Y Y  
 12 / 31 / 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)) ...	350.00	561122.38
(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)) ...	350.00	560922.38
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	4375.05	542282.43
(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)) ...	4375.05	542282.43
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	-27712.96	
<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>	19822.89	

**For further information contact:**

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

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

15020081757

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

**BELL FOR SENATE**

Report Covering the Period: From: 

MM	DD	YYYY
11	25	2014

 To: 

MM	DD	YYYY
12	31	2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	250.00	416224.93
(ii) Unitemized .....	100.00	76172.45
(iii) TOTAL of contributions from individuals ..	350.00	492397.38
(b) Political Party Committees...	0.00	2000.00
(c) Other Political Committees (such as PACs)...	0.00	66725.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	350.00	561122.38
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ...</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate...	0.00	35000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	35000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ...</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.13
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...</b>	350.00	596122.51

15020081758

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	4375.05	542282.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	500.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	35000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	35000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	200.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	200.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4875.05	577482.43

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	-23187.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	350.00
25. SUBTOTAL (add Line 23 and Line 24)...	-22837.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	4875.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	-27712.96

15020081759

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

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

FOR LINE NUMBER: PAGE 5 OF 11  
(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)  
**David Gosselin**

Mailing Address **62 Jordan Rd**

City **Willimantic** State **CT** Zip Code **06226**

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

Name of Employer **Self** Occupation **Insurance Sales**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**12 / 15 / 2014**

Transaction ID : **SA11A1.8170**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**250.00**

**250.00**

15020081760

**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**

**A. Julia Bell**

Full Name (Last, First, Middle Initial)  
Julia Bell

Mailing Address 132 Christie St

City Leonia State NJ Zip Code 07605

Purpose of Disbursement Expense Reimbursement

Candidate Name **BELL FOR SENATE**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

Date of Disbursement: 11 / 26 / 2014

Amount of Each Disbursement this Period: 406.44

Transaction ID : SB17.8175

Category/Type: 001

**B. Julia Bell**

Full Name (Last, First, Middle Initial)  
Julia Bell

Mailing Address 132 Christie St

City Leonia State NJ Zip Code 07605

Purpose of Disbursement Mileage

Candidate Name **BELL FOR SENATE**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

Date of Disbursement: 12 / 01 / 2014

Amount of Each Disbursement this Period: 271.60

Transaction ID : SB17.8175.1

[MEMO ITEM]

Category/Type: 001

**C. Gia Coluccio**

Full Name (Last, First, Middle Initial)  
Gia Coluccio

Mailing Address 310 Prospect Ave Apt. 331

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement Communications Consulting

Candidate Name **BELL FOR SENATE**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

Date of Disbursement: 12 / 01 / 2014

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.8186

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 3406.44

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

15020081761

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Constant Contact**

Date of Disbursement

M M / D D / Y Y Y Y
12 / 03 / 2014

Mailing Address 17 Battery Pl

Amount of Each Disbursement this Period

180.00
--------

City State Zip Code  
New York NY 10004

Purpose of Disbursement  
E-Mail Marketing

001
-----

Transaction ID : SB17.8180

Candidate Name  
**BELL FOR SENATE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

**B. Google**

Date of Disbursement

M M / D D / Y Y Y Y
12 / 05 / 2014

Mailing Address 1600 Ampitheatre Pkwy

Amount of Each Disbursement this Period

70.00
-------

City State Zip Code  
Mountain View CA 94041

Purpose of Disbursement  
E-Mail Services

001
-----

Transaction ID : SB17.8177

Candidate Name  
**BELL FOR SENATE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

**C. Intuit**

Date of Disbursement

M M / D D / Y Y Y Y
11 / 28 / 2014

Mailing Address 2632 Marine Way

Amount of Each Disbursement this Period

39.95
-------

City State Zip Code  
Mountain View CA 94043

Purpose of Disbursement  
Payroll

001
-----

Transaction ID : SB17.8173

Candidate Name  
**BELL FOR SENATE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

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

289.95
--------

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

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15020081762

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (in Full)

**BELL FOR SENATE**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting

Candidate Name **BELL FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

Date of Disbursement

M M / D D / Y Y Y Y
11 / 28 / 2014

Amount of Each Disbursement this Period

47.70
-------

Transaction ID : SB17.8174

001
-----

Category/  
Type

**B. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting

Candidate Name **BELL FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

Date of Disbursement

M M / D D / Y Y Y Y
12 / 03 / 2014

Amount of Each Disbursement this Period

62.95
-------

Transaction ID : SB17.8181

001
-----

Category/  
Type

**C. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Payroll

Candidate Name **BELL FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: NJ District: 00

Date of Disbursement

M M / D D / Y Y Y Y
12 / 29 / 2014

Amount of Each Disbursement this Period

39.95
-------

Transaction ID : SB17.8182

001
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Category/  
Type

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

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

150.60
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15020081763



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 9 OF 11
	<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 MM / DD / YYYY 12 / 29 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 44.70 Transaction ID : SB17.8183
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Accounting	Category/Type 001	
Candidate Name <b>BELL FOR SENATE</b>		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: NJ District: 00	<input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. TCD Compliance, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2014
Mailing Address 3365 Cherry Lane Unit D		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.8176
City Woodbury	State MN Zip Code 55129	
Purpose of Disbursement Accounting and Reporting	Category/Type 001	
Candidate Name <b>BELL FOR SENATE</b>		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: NJ District: 00	<input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	244.70
<b>TOTAL</b> This Period (last page this line number only).....	4091.69

15020081764

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

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

FOR LINE NUMBER: PAGE 10 OF 11  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. PEZZULLO FOR SENATOR**

Mailing Address **PO BOX 7043**

City **FREEHOLD** State **NJ** Zip Code **07728**

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**BELL FOR SENATE**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: **NJ** District: **00**

Date of Disbursement  
MM / DD / YYYY  
**12 / 30 / 2014**

Amount of Each Disbursement this Period  
**500.00**

Transaction ID : **SB18.8184**

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

**500.00**

**500.00**

15020081765

**SCHEDULE D (FEC Form 3)  
DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <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 <input style="width: 100%; text-align: center;" type="text" value="11788.59"/>	Transaction ID : SD10.5743
Amount Incurred This Period <input style="width: 100%; text-align: center;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%; text-align: center;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%; text-align: center;" type="text" value="11788.59"/>	

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 <input style="width: 100%; text-align: center;" type="text" value="566.46"/>	Transaction ID : SD10.6975
Amount Incurred This Period <input style="width: 100%; text-align: center;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%; text-align: center;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%; text-align: center;" type="text" value="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 <input style="width: 100%; text-align: center;" type="text" value="7617.84"/>	Transaction ID : SD10.8167
Amount Incurred This Period <input style="width: 100%; text-align: center;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%; text-align: center;" type="text" value="150.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%; text-align: center;" type="text" value="7467.84"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional)...	<input style="width: 100%; text-align: center;" type="text" value="19822.89"/>
2) <b>TOTALS</b> This Period (last page this line number only)...	<input style="width: 100%; text-align: center;" type="text" value="19822.89"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)...	<input style="width: 100%; text-align: center;" type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%; text-align: center;" type="text" value="19822.89"/>

15020081766

BELL FOR \$5020081767

P.O. Box 31  
ISADES PAPY, NJ 07650

U.S. POSTAGE  
PAID  
ARLINGTON, VA  
22207  
JAN 31, 15  
AMOUNT  
**\$6.05**  
00106399-13



1000  
20013

SCREENED  
BY THE SENATE  
POST OFFICE

Office of Public Records  
P.O. Box 77578  
Washington, D.C. 20013-7578

013 3020 0001 5733 5695

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
-----  
**CERTIFIED MAIL™**



013 3020 0001 5733 5695

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED 1-31-15  
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	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

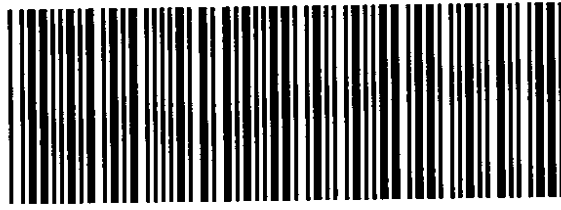
POSTMARK ILLEGIBLE  POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

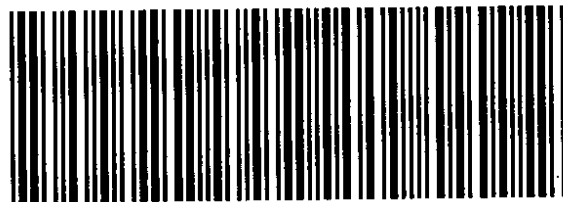
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 2-3-15

15020081768



SEN PATCH



SEN PATCH

15020081769