

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE  
16 JAN 29 PM 4:16  
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  
NJ 00

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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  
04 / 01 / 2015 through 06 / 30 / 2015

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

Type or Print Name of Treasurer Rich Danker

Signature of Treasurer Rich Danker

Date MM / DD / YYYY  
01 / 27 / 2016

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

Office Use Only								
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201602020200028791

**SUMMARY PAGE**  
of Receipts and Disbursements

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

Report Covering the Period: From: 

M	M
04	

 / 

D	D
01	

 / 

Y	Y	Y	Y
2015			

 To: 

M	M
06	

 / 

D	D
30	

 / 

Y	Y	Y	Y
2015			

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))..	13900.00	566349.88
(b) Total Contribution Refunds (from Line 20(d))..	300.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..	13600.00	566149.88
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	14792.66	511383.76
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ..	14792.66	511383.76
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	6884.72	
<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>	21148.63	

**For further information contact:**

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

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

201602020200028792

**DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 12/2003)

of Receipts

PAGE 3 / 24

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

Report Covering the Period: From: MM / DD / YYYY 04 / 01 / 2015 To: MM / DD / YYYY 06 / 30 / 2015

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)...	13900.00	418104.93
(ii) Unitemized.....	0.00	83019.95
(iii) TOTAL of contributions from individuals .	13900.00	501124.88
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	65225.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13900.00	566349.88
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate...	1500.00	35000.00
(b) All Other Loans...	2700.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	4200.00	35000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.08
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...</b>	18100.00	601349.96

201602020200028793

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES...	14792.66	511383.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	35000.00
(b) Of All Other Loans .....	2700.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	2700.00	35000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ..	300.00	200.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	300.00	200.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	17792.66	546583.76

**III. CASH SUMMARY**

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

2016020200028794

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

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

FOR LINE NUMBER: PAGE 5 OF 24  
(check only one)  
 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)  
**Martin Boles**

Mailing Address 288 Arbolada Drive

City Arcadia State CA Zip Code 91006

FEC ID number of contributing federal political committee.

Name of Employer Kirkland & Ellis Occupation Lawyer

Receipt For: 2018  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2015

Transaction ID : SA11AI.8284

Amount of Each Receipt this Period

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

Mailing Address 23400 Dover Rd.

City Middleburg State VA Zip Code 22207

FEC ID number of contributing federal political committee.

Name of Employer Glory Day's Grill Occupation Owner

Receipt For: 2018  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2015

Transaction ID : SA11AI.8292

Amount of Each Receipt this Period

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

Mailing Address 623 5th Ave  
Fl 27

City New York State NY Zip Code 10019

FEC ID number of contributing federal political committee.

Name of Employer Equinox Partners Occupation Financial Analyst

Receipt For: 2018  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2015

Transaction ID : SA11AI.8290

Amount of Each Receipt this Period

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

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

201602020200028795

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

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

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

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

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

Mailing Address 62-A Cherry Valley Rd

City Greenwich State CT Zip Code 06831

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

Name of Employer Lehrman and Co. Occupation Partner

Receipt For: 2018  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2015

Transaction ID : SA11AI.8288

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 600 Rt. 25A

City East Setauket State NY Zip Code 11733

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

Name of Employer Renaissance Technologies Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SA11AI.8285

Amount of Each Receipt this Period  
2600.00  
2014 Debt Retirement

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

Mailing Address 600 Rt. 25A

City East Setauket State NY Zip Code 11733

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

Name of Employer Renaissance Technologies Occupation Investor

Receipt For: 2018  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5300.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SA11AI.8287

Amount of Each Receipt this Period  
2700.00

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

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

8000.00

13900.00

201602020200028796

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

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

FOR LINE NUMBER: PAGE 7 OF 24  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY BELL**

Mailing Address 132 CHRISTIE ST

City LEONIA State NJ Zip Code 07605

FEC ID number of contributing federal political committee. **C** S8NJ00012

Name of Employer Bell for Senate Occupation Candidate

Receipt For: 2018  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2015

Transaction ID : SA13A.8296

Amount of Each Receipt this Period  
1500.00

Campaign Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY

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  
MM / DD / YYYY

Amount of Each Receipt this Period

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

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

1500.00

1500.00

201602020200028797

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

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

FOR LINE NUMBER: PAGE 8 OF 24  
(check only one)  
 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)  
**Rich Danker**

Mailing Address 4390 Lorcom Ln.  
Apt 202

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
Bell for Senate Campaign Manager

Receipt For: 2018  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

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

Transaction ID : SA13B.8295

Amount of Each Receipt this Period  
 2700.00  
 Campaign Loan

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2700.00

2700.00

201602020200028798



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 24

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

Full Name (Last, First, Middle Initial) <b>A. Adobe</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2015	
Mailing Address 345 Park Ave		Amount of Each Disbursement this Period 21.39	
City San Jose	State CA	Zip Code 95110	Transaction ID : SB17.8306
Purpose of Disbursement Software subscription		Category/ Type	
Candidate Name		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input 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. Adobe</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 345 Park Ave		Amount of Each Disbursement this Period 21.39	
City San Jose	State CA	Zip Code 95110	Transaction ID : SB17.8320
Purpose of Disbursement Software subscription		Category/ Type	
Candidate Name		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input 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. Adobe</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015	
Mailing Address 345 Park Ave		Amount of Each Disbursement this Period 21.39	
City San Jose	State CA	Zip Code 95110	Transaction ID : SB17.8328
Purpose of Disbursement Software subscription		Category/ Type	
Candidate Name		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input 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).....

64.17
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**TOTAL** This Period (last page this line number only).....

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201602020200028799

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 24

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

Full Name (Last, First, Middle Initial)

**A. Amazon**

Mailing Address 410 Terry Avenue North

City Seattle State WA Zip Code 98109

Purpose of Disbursement  
Office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 08 / 2015

Amount of Each Disbursement this Period

21.21
-------

Transaction ID : SB17.8327

Category/  
Type

**B. Amazon**

Mailing Address 410 Terry Avenue North

City Seattle State WA Zip Code 98109

Purpose of Disbursement  
Printing supplies

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Disbursement this Period

45.99
-------

Transaction ID : SB17.8329

Category/  
Type

**C. Boyarsky Silbert Silverman Vas**

Mailing Address 6151 Executive Blvd

City Rockville State MD Zip Code 20852

Purpose of Disbursement  
Tax preparation

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 30 / 2015

Amount of Each Disbursement this Period

1800.00
---------

Transaction ID : SB17.8315

Category/  
Type

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

1867.20
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**TOTAL** This Period (last page this line number only).....

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201602020200028800

**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 MM / DD / YYYY 06 / 30 / 2015	
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 1400.00	
City Charlotte	State NC	Zip Code 28272	Transaction ID : SB17.8297
Purpose of Disbursement Credit Card Debt Payment		Category/ Type 001	
Candidate Name <b>BELL FOR SENATE</b>		Disbursement For: 2014	
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)		
State: NJ	District: 00		

Full Name (Last, First, Middle Initial) <b>B. Chase</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015	
Mailing Address PO Box 15123		Amount of Each Disbursement this Period 1250.00	
City Wilmington	State DE	Zip Code 19850	Transaction ID : SB17.8298
Purpose of Disbursement Credit Card Debt Payment		Category/ Type 001	
Candidate Name <b>BELL FOR SENATE</b>		Disbursement For: 2014	
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)		
State: NJ	District: 00		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4650.00
<b>TOTAL</b> This Period (last page this line number only).....	

2016020200028801

**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. Rich Danker**

Full Name (Last, First, Middle Initial)

Mailing Address 4390 Lorcom Ln.  
Apt 202

City Arlington State VA Zip Code 22207

Purpose of Disbursement  
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  
MM / DD / YYYY  
05 / 13 / 2015

Amount of Each Disbursement this Period  
103.26

Transaction ID : SB17.8279

Category/Type  
001

**B. USPS**

Full Name (Last, First, Middle Initial)

Mailing Address 360 Broad Ave

City Princeton State NJ Zip Code 07605

Purpose of Disbursement  
Stamps

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  
05 / 13 / 2015

Amount of Each Disbursement this Period  
29.15

Transaction ID : SB17.8279.0

[MEMO ITEM]

Category/Type  
001

**C. FedEx**

Full Name (Last, First, Middle Initial)

Mailing Address 166 Linwood Plaza

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement  
Printing

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  
05 / 13 / 2015

Amount of Each Disbursement this Period  
74.11

Transaction ID : SB17.8279.1

[MEMO ITEM]

Category/Type  
001

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

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

103.26

74.11

201602020200028802

**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. Rich Danker</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 4390 Lorcom Ln. Apt 202		Amount of Each Disbursement this Period 456.00 Transaction ID : SB17.8282
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Mileage	Category/ Type 001
Candidate Name <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. Dow Jones</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address 1155 6th Ave 7th Fl		Amount of Each Disbursement this Period 93.60 Transaction ID : SB17.8312
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Newspaper subscription	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1049.60
<b>TOTAL</b> This Period (last page this line number only).....	

201602020200028803

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Google**

Mailing Address 1600 Ampitheatre Pkwy

Date of Disbursement

M M	D D	Y Y Y Y
05	04	2015

City Mountain View State CA Zip Code 94041

Amount of Each Disbursement this Period

4.50
------

Purpose of Disbursement  
Email communications

--

Transaction ID : SB17.8319

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

**B. Google**

Mailing Address 1600 Ampitheatre Pkwy

Date of Disbursement

M M	D D	Y Y Y Y
06	06	2015

City Mountain View State CA Zip Code 94041

Amount of Each Disbursement this Period

15.00
-------

Purpose of Disbursement  
Email communications

--

Transaction ID : SB17.8304

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

**C. Intuit**

Mailing Address 2632 Marine Way

Date of Disbursement

M M	D D	Y Y Y Y
04	02	2015

City Mountain View State CA Zip Code 94043

Amount of Each Disbursement this Period

62.95
-------

Purpose of Disbursement  
Accounting

--

Transaction ID : SB17.8303

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

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

82.45
-------

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

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201602020200028804

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 24

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

Full Name (Last, First, Middle Initial)

**A. New Jersey Division of Taxation**

Mailing Address 50 Barrack St

City State Zip Code  
Trenton NJ 08695

Purpose of Disbursement  
Tax payment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 01 / 2015

Amount of Each Disbursement this Period

1235.62
---------

Transaction ID : SB17.8318

**B. Rao Group**

Mailing Address 4020 Amyington Dr

City State Zip Code  
Charlotte NC 28226

Purpose of Disbursement  
Fundraising consulting services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 26 / 2015

Amount of Each Disbursement this Period

1060.00
---------

Transaction ID : SB17.8321

**c. TCD Compliance**

Mailing Address 3365 Cherry Ln  
Unit D

City State Zip Code  
Woodbury MN 55129

Purpose of Disbursement  
Campaign finance compliance

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 22 / 2015

Amount of Each Disbursement this Period

450.00
--------

Transaction ID : SB17.8323

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

2745.62
---------

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

--

201602020200028805

**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. U.S. Treasury Department**

Full Name (Last, First, Middle Initial)  
Mailing Address 1500 Pennsylvania Ave. NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Tax payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 04 / 21 / 2015

Amount of Each Disbursement this Period: 42.00

Transaction ID : SB17.8307

**B. U.S. Treasury Department**

Full Name (Last, First, Middle Initial)  
Mailing Address 1500 Pennsylvania Ave. NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Tax payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 04 / 23 / 2015

Amount of Each Disbursement this Period: 3025.51

Transaction ID : SB17.8316

**c. U.S. Treasury Department**

Full Name (Last, First, Middle Initial)  
Mailing Address 1500 Pennsylvania Ave. NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Tax payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2015

Amount of Each Disbursement this Period: 298.51

Transaction ID : SB17.8332

**SUBTOTAL** of Disbursements This Page (optional) ..... 3366.02

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

2016020200028806



**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. U.S. Treasury Department</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1500 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 819.34 Transaction ID : SB17.8333
City Washington	State DC	
Zip Code 20220	Purpose of Disbursement Tax payment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address 2213 North Glebe Road		Amount of Each Disbursement this Period 14.00 Transaction ID : SB17.8313
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Service fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2015
Mailing Address 2213 North Glebe Road		Amount of Each Disbursement this Period 3.00 Transaction ID : SB17.8997
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Bank Fees	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: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	836.34
<b>TOTAL</b> This Period (last page this line number only).....	

201602020200028807

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	28.00
<b>TOTAL</b> This Period (last page this line number only) .....	14792.66

2016020200028808

**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. Rich Danker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4390 Lorcom Ln.  
 Apt 202  
 City Arlington State VA Zip Code 22207  
 Purpose of Disbursement Loan Payment  
 Candidate Name **BELL FOR SENATE**  
 Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  
 Other (specify)  
 State: NJ District: 00

Date of Disbursement  
 MM / DD / YYYY  
 05 / 04 / 2015  
 Amount of Each Disbursement this Period  
 2700.00  
 Transaction ID : SB19B.8299  
 Category/Type  
 001

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

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

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

2700.00  
 2700.00

201602020200028809

**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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" 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. Lawrence Whipple**

Mailing Address 26 Cannon Ct

City Basking Ridge State NJ Zip Code 07920

Purpose of Disbursement  
Refund of over contribution

001  
Category/  
Type

Candidate Name  
**BELL FOR SENATE**

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

State: NJ District: 00

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Transaction ID : SB20A.8300

**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

/  /

Amount of Each Disbursement this Period

**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

/  /

Amount of Each Disbursement this Period

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

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

201602020200028810

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

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

Transaction ID : **SC/10.8199**

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

[PERSONAL FUNDS]

Election: 2014

**JEFFREY BELL**

Primary

General

Other (specify) ▼

Mailing Address  
132 CHRISTIE ST

City State ZIP Code  
LEONIA NJ 07605

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

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 02 / D 24 / Y 2015 M M / D D / Y 12/31/2015 0.00 % (apr)  Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional)...

2500.00

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

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

201602020200028811

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

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

Transaction ID : SC/10.8296

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

[PERSONAL FUNDS]

Election: 2018

**JEFFREY BELL**

Primary

Mailing Address  
132 CHRISTIE ST

General

Other (specify) ▼

City State ZIP Code  
LEONIA NJ 07605

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

**TERMS**

Date Incurred: M 04 / D 16 / Y 2015  
Date Due: M M / D D / Y 12/31/2015  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)...

1500.00

**TOTALS** This Period (last page in this line) ..

[ ]

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

201602020200028812

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

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

Transaction ID : SC/10.8295

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

**Rich Danker**

Election: 2018

Primary  
 General  
 Other (specify) ▼

Mailing Address  
4390 Lorcom Ln.  
Apt 202

City State ZIP Code  
Arlington VA 22207

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

**TERMS**

Date Incurred: MM/YY / DD/YY / YYYY  
04 / 09 / 2015

Date Due: MM/YY / DD/YY / YYYY  
 / / 12/31/2015

Interest Rate: 0.00 % (apr)

Secured:  Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional)...	0.00
<b>TOTALS</b> This Period (last page in this line only) ..	4000.00

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

201602020200028813

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <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	
<input type="text" value="13352.79"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1400.00"/>	<input type="text" value="11952.79"/>

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.8167	
<input type="text" value="6445.84"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1250.00"/>	<input type="text" value="5195.84"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	<input type="text" value="17148.63"/>
2) <b>TOTALS</b> This Period (last page this line number only) ...	<input type="text" value="17148.63"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)...	<input type="text" value="4000.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="21148.63"/>

201602020200028814



**Hand Delivered**

201602020200028815

# United States Senate

OFFICE OF THE SECRETARY

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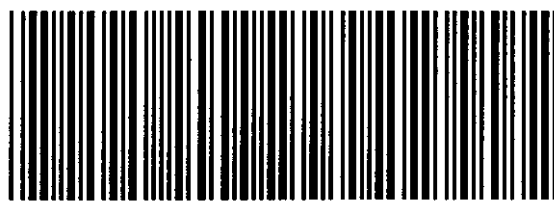
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