

SECRETARY OF THE SENATE

15 APR 13 PM 2:39

Office Use Only

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

BELL FOR SENATE

ADDRESS (number and street)

PO BOX 31



Check if different than previously reported. (ACC)

PALISADES PARK

NJ

07650

2. FEC IDENTIFICATION NUMBER

C00558122

CITY

STATE

ZIP CODE

STATE DISTRICT

3. 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

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the State of

M M / D D / Y Y Y Y Y Y

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

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

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

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

through

M M / D D / Y Y Y Y Y Y 03 / 31 / 2015

M M / D D / Y Y Y Y Y Y 03 / 31 / 2015

M M / D D / Y Y Y Y Y Y 03 / 31 / 2015

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

Type or Print Name of Treasurer

Alfred A. Angelo

Signature of Treasurer

[Handwritten Signature]

Date

M M / D D / Y Y Y Y Y Y 04 / 10 / 2015

M M / D D / Y Y Y Y Y Y 04 / 10 / 2015

M M / D D / Y Y Y Y Y Y 04 / 10 / 2015

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

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FEC FORM 3 (Revised 02/2003)

15020125857

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 14

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

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

	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)) ...	5700.00	561122.38
(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)) ...	5400.00	560922.38
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	9136.79	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)) ...	9136.79	542282.43
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	-29949.75	
<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>	22420.68	

**For further information contact:**

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

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

15020120858

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

**BELL FOR SENATE**

Report Covering the Period: From:

MM / DD / YYYY  
01 / 01 / 2015

To:

MM / DD / YYYY  
03 / 31 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	5700.00	416224.93
(ii) Unitemized .....	0.00	76172.45
(ii) TOTAL of contributions from individuals ..	5700.00	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))..	5700.00	561122.38
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	2500.00	35000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	2500.00	35000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.13
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	8200.00	596122.51

1502012055

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	9136.79	542282.43
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 .....	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 ...	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) ►	<b>9436.79</b>	<b>577482.43</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	-28712.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	8200.00
25. SUBTOTAL (add Line 23 and Line 24)...	-20512.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	9436.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	-29949.75

15020126840

**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 14  
(check only one)

<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)  
**Alfred A Angelo**

Mailing Address **340 North Avenue East**

City **Crawford** State **NJ** Zip Code **07016**

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

Name of Employer **Horizon Partners** Occupation **General Partner**

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt: **03 / 19 / 2015**

Transaction ID : **SA11AI.8197**

Amount of Each Receipt this Period: **2700.00**

Amount of Each Receipt this Period: **2700.00**

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

Mailing Address **26 Cannon Ct**

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

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

Name of Employer **MSW Capital** Occupation **Attorney**

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt: **03 / 19 / 2015**

Transaction ID : **SA11AI.8196**

Amount of Each Receipt this Period: **3000.00**

Amount of Each Receipt this Period: **3000.00**

**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

**SUBTOTAL** of Receipts This Page (optional)..... **5700.00**

**TOTAL** This Period (last page this line number only)..... **5700.00**

15020120841

**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 14  
(check only one)

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

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

**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 Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2015

Transaction ID : SA13A.8199

Amount of Each Receipt this Period  
**2500.00**

Candidate 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).....

**2500.00**

**2500.00**

15020126842

**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 7 OF 14			
	<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. JEFFREY BELL</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 132 CHRISTIE ST		Amount of Each Disbursement this Period 128.00 Transaction ID : SB17.8208
City LEONIA	State NJ	
Zip Code 07605	Purpose of Disbursement PO Box Renewal	Category/ Type 001
Candidate Name BELL FOR SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 00	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2015
Mailing Address 360 Broad Ave		Amount of Each Disbursement this Period 128.00 Transaction ID : SB17.8208.0 [MEMO ITEM]
City Princeton	State NJ	
Zip Code 07605	Purpose of Disbursement PO Box Renewal	Category/ Type 001
Candidate Name BELL FOR SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 00	

Full Name (Last, First, Middle Initial) <b>c. Capital One</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 1207.00 Transaction ID : SB17.8222
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Credit Card Payment	Category/ Type 001
Candidate Name BELL FOR SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1335.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020120845

**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 8 OF 14	
	<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. Chase**

Full Name (Last, First, Middle Initial)

Mailing Address **PO Box 15123**

City **Wilmington** State **DE** Zip Code **19850**

Purpose of Disbursement  
**Credit Card Payment**

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  
**03 / 24 / 2015**

Amount of Each Disbursement this Period  
**1022.00**

Transaction ID : **SB17.8223**

**B. Gia Coluccio**

Full Name (Last, First, Middle Initial)

Mailing Address **310 Prospect Ave  
Apt. 331**

City **Hackensack** State **NJ** Zip Code **07601**

Purpose of Disbursement  
**Campaign 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  
MM / DD / YYYY  
**01 / 07 / 2015**

Amount of Each Disbursement this Period  
**1800.00**

Transaction ID : **SB17.8200**

**C. Rich Danker**

Full Name (Last, First, Middle initial)

Mailing Address **PO Box 31**

City **Palisades Park** State **NJ** Zip Code **07650**

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  
**03 / 30 / 2015**

Amount of Each Disbursement this Period  
**333.86**

Transaction ID : **SB17.8216**

**SUBTOTAL** of Disbursements This Page (optional)..... **3155.86**

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

1502012644



**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 14
	<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 03 / 30 / 2015
Mailing Address PO Box 5042		Amount of Each Disbursement this Period 333.86 Transaction ID : SB17.8216.0
City Woodbridge	State NJ	
Zip Code 07095	Purpose of Disbursement Tolls	[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)	
State: NJ	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Intuit</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2015
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 84.65 Transaction ID : SB17.8203
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Accounting Software	[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)	
State: NJ	District: 00	

Full Name (Last, First, Middle Initial) <b>C. Intuit</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 84.65 Transaction ID : SB17.8211
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Accounting Software	[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)	
State: NJ	District: 00	

SUBTOTAL of Disbursements This Page (optional).....	169.30
TOTAL This Period (last page this line number only).....	

15020112045  
SP097107051

**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 14	
	<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

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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 03 / 27 / 2015
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 92.45 Transaction ID : SB17.8215
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Accounting Software	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. TCD Compliance, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address 3365 Cherry Lane Unit D		Amount of Each Disbursement this Period 379.08 Transaction ID : SB17.8212
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 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. U.S. Treasury Department</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2015
Mailing Address 1500 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 3731.21 Transaction ID : SB17.8221
City Washington	State DC	
Zip Code 20220	Purpose of Disbursement Tax Payment	Category/ Type 001
Candidate Name <b>BELL FOR SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 00	

SUBTOTAL of Disbursements This Page (optional).....	4202.74
TOTAL This Period (last page this line number only).....	

15020120201

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14			
	<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 / YYYY 02 / 02 / 2015
Mailing Address 360 Broad Ave		Amount of Each Disbursement this Period 6.05 Transaction ID : SB17.8204
City Princeton	State NJ Zip Code 07605	
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name <b>BELL FOR SENATE</b>	Disbursement For: 2014	
Office Sought: <input checked="" 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.</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	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6.05
<b>TOTAL</b> This Period (last page this line number only) .....	8868.95

15020125847

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14			
	<input type="checkbox"/> 17 <input checked="" 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. Lawrence Whipple</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 26 Cannon Ct		Amount of Each Disbursement this Period 300.00 Transaction ID : SB20A.8225
City Basking Ridge	State NJ	
Zip Code 07920	Purpose of Disbursement Refund of Contribution	Category/ Type 001
Candidate Name BELL FOR SENATE	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 00	

Full Name (Last, First, Middle Initial) <b>B.</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"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement 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"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional) .....	300.00
TOTAL This Period (last page this line number only) .....	300.00

15020126848

**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

Mailing Address  
132 CHRISTIE ST

General

Other (specify) ▼

City State ZIP Code  
LEONIA NJ 07605

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
02 / 24 / 2015	12/31/2015	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional)...	2500.00
<b>TOTALS</b> This Period (last page in this line only)...	2500.00

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

1502012025

**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 14681.84		Transaction ID : SD10.5743
Amount Incurred This Period 0.00	Payment This Period 1207.00	Outstanding Balance at Close of This Period 13474.84

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 7467.84		Transaction ID : SD10.8167
Amount Incurred This Period 0.00	Payment This Period 1022.00	Outstanding Balance at Close of This Period 6445.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)...	▶	19920.68
2) TOTALS This Period (last page this line number only)...	▶	19920.68
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)....	▶	2500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		22420.68

05 02 07 10 27 05 1

# Hand Delivered

15020126851

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 4-13-15  
Date of Receipt

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	_____	<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

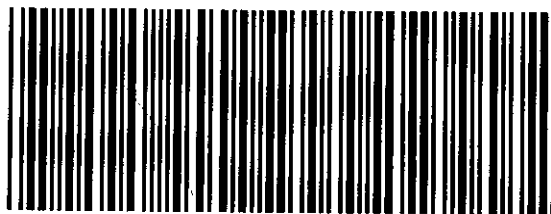
FAX \_\_\_\_\_  
Date of Receipt

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

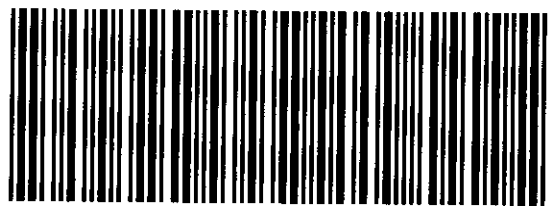
PREPARER DH DATE PREPARED 4-13-15

25997107051





SEN PATCH



SEN PATCH

15020126853