

**FEC
FORM 3**

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

SECRETARY OF THE SENATE

14 OCT 20 PM 4:30

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

B e l l , f o r S e n a t e ,

ADDRESS (number and street)

P O , B o x , 3 1



Check if different than previously reported. (ACC)

P a l i s a d e s P a r k , N J 0 7 6 5 0 -

2. FEC IDENTIFICATION NUMBER ▼

C 0 0 5 5 8 1 2 2

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

ZIP CODE ▲
STATE ▼ DISTRICT

N J

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

05 / 15 / 2014 through 06 / 30 / 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 

Date 10 / 20 / 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							
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FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Bell for Senate

Report Covering the Period: From:

M 05 / D 15 / Y 2014

To:

M 06 / D 30 / Y 2014

COLUMN A
This Period

COLUMN B
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e)) ...

51,087.50

111,422.50

(b) Total Contribution Refunds
(from Line 20(d)) ..

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a)) ...

51,087.50

111,422.50

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17) ..

77,084.24

161,806.57

(b) Total Offsets to Operating
Expenditures (from Line 14)...

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a)) ...

77,084.24

161,806.57

8. Cash on Hand at Close of
Reporting Period (from Line 27)...

0.00

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) ...

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D) ...

46,093.33

For further information contact:

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

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

14021043941

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Bell for Senate

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 15 / 2014 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

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)...

36,545.00

95,400.00

(ii) Unitemized

2542.50

4022.50

(iii) TOTAL of contributions from individuals .

39,087.50

99,422.50

(b) Political Party Committees...

2,000.00

2,000.00

(c) Other Political Committees (such as PACs)...

10,000.00

10,000.00

(d) The Candidate

(e) TOTAL CONTRIBUTIONS

(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

51,087.50

111,422.50

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

13. LOANS:

(a) Made or Guaranteed by the Candidate...

5,000.00

35,000.00

(b) All Other Loans...

(c) TOTAL LOANS
(add Lines 13(a) and (b))...

5,000.00

35,000.00

14. OFFSETS TO OPERATING EXPENDITURES
(Refunds, Rebates, etc.)...

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

.08

.13

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)...

56,087.58

136,422.63

14021043942

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	77,084.24	161,806.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ...	,	,
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	5,000.00	5,000.00
(b) Of All Other Loans	,	,
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	5,000.00	5,000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	,	,
(b) Political Party Committees...	,	,
(c) Other Political Committees (such as PACs)...	,	,
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	,	,
21. OTHER DISBURSEMENTS	,	,
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	82,084.24	166,806.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	17,940.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	56,087.58
25. SUBTOTAL (add Line 23 and Line 24) ...	74,027.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	82,084.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	, 0.00

14021043943

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

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

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

NAME OF COMMITTEE (In Full) **Bell for Senate**

Full Name (Last, First, Middle Initial) Schulz, William		Date of Receipt M 05 D 15 Y 2014
A. Mailing Address 5000 Hawthorne Pl NW		Amount of Each Receipt this Period , 1,000.00
City Washington	State Zip Code DC 20016	
FEC ID number of contributing federal political committee. C C003322		Amount of Each Receipt this Period , 1,000.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 1,000.00	

Full Name (Last, First, Middle Initial) Dunlop, Becky		Date of Receipt M 05 D 15 Y 2014
B. Mailing Address 2816 S. Joyce St.		Amount of Each Receipt this Period , 1,000.00
City Arlington	State Zip Code VA 22202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 1,000.00
Name of Employer Heritage Foundation	Occupation Vice President	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 1,000.00	

Full Name (Last, First, Middle Initial) Mitchell, Gerald		Date of Receipt M 05 D 15 Y 2014
C. Mailing Address 7716 Fairfax Rd.		Amount of Each Receipt this Period , 250.00
City Bethesda	State Zip Code MD 20814	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 250.00
Name of Employer Stein Mitchell Muse Cipollone & Beato	Occupation Attorney	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	, , 2,250.00
TOTAL This Period (last page this line number only).....	, , .

14021043944

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

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

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

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NAME OF COMMITTEE (In Full)
Bell for Senate

Full Name (Last, First, Middle Initial) Feldman, Gregory		Date of Receipt M M D D Y Y Y 05 15 2014
Mailing Address P.O. Box 7374		Amount of Each Receipt this Period , , 250.00
City Watchung	State Zip Code NJ 07069	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 250.00
Name of Employer Self	Occupation Attorney	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 250.00	

Full Name (Last, First, Middle Initial) Cannon, Francis		Date of Receipt M M D D Y Y Y 05 15 2014
Mailing Address 6217 Lee Hwy.		Amount of Each Receipt this Period , , 250.00
City Arlington	State Zip Code VA 22207	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 250.00
Name of Employer American Principles Project	Occupation President	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 250.00	

Full Name (Last, First, Middle Initial) Regnery, Alfred		Date of Receipt M M D D Y Y Y 05 15 2014
Mailing Address 30 September Song Ln.		Amount of Each Receipt this Period , , 200.00
City Washington	State Zip Code VA 22747	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 300.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 300.00	

SUBTOTAL of Receipts This Page (optional).....	, , 700.00
TOTAL This Period (last page this line number only).....	, ,

14021043945

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

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

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

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NAME OF COMMITTEE (in Full) **Bell for Senate**

Full Name (Last, First, Middle Initial) Dal Col, William		Date of Receipt 05^M 21^D 2014^Y
A. Mailing Address 2528B S. Arlington Mill Rd.		Amount of Each Receipt this Period 2,000.00
City Arlington	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,000.00
Name of Employer Capital Direct	Occupation Partner	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2,000.00	

Full Name (Last, First, Middle Initial) Kudlow, Lawrence		Date of Receipt 05^M 21^D 2014^Y
B. Mailing Address 301 Tahmore Drive		Amount of Each Receipt this Period 1,000.00
City Fairfield	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00
Name of Employer Kudlow & Co.	Occupation Economist	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,000.00	

Full Name (Last, First, Middle Initial) Austin, George		Date of Receipt 05^M 21^D 2014^Y
C. Mailing Address 29 Boulder Tr.		Amount of Each Receipt this Period 1,000.00
City Bronxville	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,000.00	

SUBTOTAL of Receipts This Page (optional).....	4,000.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full) **Bell for Senate**

A. Full Name (Last, First, Middle Initial) **Kampouris, Emanuelle**

Mailing Address **622 Van Beuren Rd**

City **Morristown** State **NJ** Zip Code **07960**

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

Name of Employer Occupation **Retired**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **1,000.00**

Date of Receipt **05 / 21 / 2014**

Amount of Each Receipt this Period **1,000.00**

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

Mailing Address **622 Van Beuren Rd**

City **Morristown** State **NJ** Zip Code **07960**

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

Name of Employer Occupation **Retired**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt

Amount of Each Receipt this Period **1,000.00**

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

Mailing Address **141 Dans Hwy.**

City **New Caanan** State **CT** Zip Code **06840**

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

Name of Employer Occupation **Retired**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **05 / 21 / 2014**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional) **2,500.00**

TOTAL This Period (last page this line number only)

14021043947

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

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

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

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NAME OF COMMITTEE (In Full)
Bell for Senate

Full Name (Last, First, Middle Initial) Edmonds, Thomas		Date of Receipt M M / D Y Y Y 05 / 21 2014	
Mailing Address 15547 Second Street		Amount of Each Receipt this Period , 250.00 ,	
City Waterford	State VA	Zip Code 20197	
FEC ID number of contributing federal political committee. C			
Name of Employer Edmonds Associates	Occupation Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 250.00 ,		

Full Name (Last, First, Middle Initial) Cannon, John		Date of Receipt M M / D Y Y Y 05 / 23 2014	
Mailing Address 10 Old Jackson Avenue, Unit 49		Amount of Each Receipt this Period , 1,000.00 ,	
City Hastings-on-Hudson	State NY	Zip Code 10706	
FEC ID number of contributing federal political committee. C			
Name of Employer 	Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 1,000.00 ,		

Full Name (Last, First, Middle Initial) Moran, Colin		Date of Receipt M M / D Y Y Y 05 / 24 2014	
Mailing Address 157 E 81st St		Amount of Each Receipt this Period , 1,000.00 ,	
City New York	State NY	Zip Code 10028	
FEC ID number of contributing federal political committee. C			
Name of Employer Abdiel Capital	Occupation Managing Partner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 1,000.00 ,		

SUBTOTAL of Receipts This Page (optional).....	, 2,250.00
TOTAL This Period (last page this line number only).....	, ,

14021043948

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

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

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NAME OF COMMITTEE (In Full) **Bell for Senate**

Full Name (Last, First, Middle Initial) Giganti, Brian		Date of Receipt M M D D Y Y 05 29 2014
A. Mailing Address 17564 Gatsby Terrace		Amount of Each Receipt this Period 250.00
City Olney	State Zip Code MD 20832	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Regardie, Brooks & Lewis	Occupation Certified Public Accountant	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Laffer, Arthur		Date of Receipt M M D D Y Y 05 27 2014
B. Mailing Address 103 Murphy Ct.		Amount of Each Receipt this Period 1,000.00
City Nashville	State Zip Code TN 37203	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00
Name of Employer Laffer Associates	Occupation Economist	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,000.00	

Full Name (Last, First, Middle Initial) Teague, Randal		Date of Receipt M M D D Y Y 05 27 2014
C. Mailing Address 5902 Mount Eagle Dr., Unit 808		Amount of Each Receipt this Period 250.00
City Alexandria	State Zip Code VA 22303	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Vorys, Sater, Seymour and Pease	Occupation Attorney	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1,500.00
TOTAL This Period (last page this line number only).....	

14021043949

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

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

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NAME OF COMMITTEE (In Full) **Bell for Senate**

Full Name (Last, First, Middle Initial) Gallagher, Margaret		Date of Receipt M ^M D ^D Y ^Y 05 29 2014
A. Mailing Address 4339 Birchlake Ct		Amount of Each Receipt this Period 250.00
City Alexandria	State Zip Code VA 22309	
FEC ID number of contributing federal political committee. C		, ,
Name of Employer American Principles Project	Occupation Policy analyst	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Reid, Charles		Date of Receipt M ^M D ^D Y ^Y 05 29 2014
B. Mailing Address 1301 Meadow Lane		Amount of Each Receipt this Period 1,000.00
City Berwyn	State Zip Code PA 19312	
FEC ID number of contributing federal political committee. C		, ,
Name of Employer Self	Occupation Attorney	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,000.00	

Full Name (Last, First, Middle Initial) Heckman, Robert		Date of Receipt M ^M D ^D Y ^Y 06 01 2015
C. Mailing Address 143 Martin Lane		Amount of Each Receipt this Period 250.00
City Alexandria	State Zip Code VA 22304	
FEC ID number of contributing federal political committee. C		, ,
Name of Employer Capital City Partners	Occupation Consultant	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	1,500.00
TOTAL This Period (last page this line number only)	

14021043950

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

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

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NAME OF COMMITTEE (In Full) **Bell for Senate**

Full Name (Last, First, Middle Initial) Whelan, Stephen		Date of Receipt M M D Y 06 05 2014
A. Mailing Address 231 Albany Ave Apt 5		Amount of Each Receipt this Period 500.00
City Kingston	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Blank Rome	Occupation Attorney	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Lehrman, Lewis		Date of Receipt M M D Y 06 09 2014
B. Mailing Address 1 Fawcett Pl., Suite 130		Amount of Each Receipt this Period 2,600.00
City Greenwich	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5,200.00
Name of Employer L.E. Lehrman & Co.	Occupation Senior Partner	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5,200.00	

Full Name (Last, First, Middle Initial) Lehrman, Louise		Date of Receipt M M D Y 06 09 2014
C. Mailing Address 1 Fawcett Pl., Suite 130		Amount of Each Receipt this Period 2,600.00
City Greenwich	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5,200.00
Name of Employer Five Way Partners	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5,200.00	

SUBTOTAL of Receipts This Page (optional).....	5,700.00
TOTAL This Period (last page this line number only).....	

14021043951

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Bell for Senate

Full Name (Last, First, Middle Initial) Simon, William		Date of Receipt M M D Y Y 06 09 2014
A. Mailing Address 440 Toyopa Dr.		Amount of Each Receipt this Period 1,000.00
City Pacific Palisades	State Zip Code CA 90272	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00
Name of Employer William E. Simon & Sons	Occupation Owner	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,000.00	

Full Name (Last, First, Middle Initial) Muma, Kathleen		Date of Receipt M M D Y Y 06 13 2014
B. Mailing Address 19 Friar Tuck Circle		Amount of Each Receipt this Period 2,600.00
City Summit	State Zip Code NJ 07901	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,600.00
Name of Employer	Occupation Homemaker	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Mumma, William		Date of Receipt M M D Y Y 06 13 2014
C. Mailing Address 19 Friar Tuck Circle		Amount of Each Receipt this Period 2,600.00
City Summit	State Zip Code NJ 07901	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,600.00
Name of Employer Becket Fund	Occupation President	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	6,200.00
TOTAL This Period (last page this line number only).....	

14021043952

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

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

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

Full Name (Last, First, Middle Initial) Smarth, Deborah		Date of Receipt M M D Y Y Y 06 13 2014
Mailing Address 144 Sweetmans Ln.		Amount of Each Receipt this Period 250.00
City Manalapan	State Zip Code NJ 07726	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New Jersey Small Business Development Centers	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Hahn, Douglas		Date of Receipt M M D Y Y Y 06 19 2014
Mailing Address 2150 Broadway, 11th Fl		Amount of Each Receipt this Period 500.00
City New York	State Zip Code NY 10023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Capital Regional Living Magazine	Occupation Publisher	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Waters, Susan		Date of Receipt M M D Y Y Y 06 19 2014
Mailing Address P.O. Box 9		Amount of Each Receipt this Period 500.00
City Merrifield	State Zip Code VA 22118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 525.00
Name of Employer National Association of Insurance and Financial Advisors	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 525.00	

SUBTOTAL of Receipts This Page (optional).....	1,250.00
TOTAL This Period (last page this line number only).....	

14021043953

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

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

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NAME OF COMMITTEE (In Full) **Bell for Senate**

Full Name (Last, First, Middle Initial) Cannon, Francis		Date of Receipt 06^M 20^D 2014^Y
A. Mailing Address 6217 Lee Hwy.		Amount of Each Receipt this Period 500.00
City Arlington	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,500.00
Name of Employer American Principles Project	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Rushton, Sean		Date of Receipt 06^M 20^D 2014^Y
B. Mailing Address 4847 West Braddock Rd.		Amount of Each Receipt this Period 500.00
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer United States Congress	Occupation Staff member	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Ryskind, Allan		Date of Receipt 06^M 20^D 2014^Y
C. Mailing Address 7111 Marlan Dr.		Amount of Each Receipt this Period 1,300.00
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Human Events	Occupation Editor	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional)	1,300.00
TOTAL This Period (last page this line number only)	

14021043954

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

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

FOR LINE NUMBER: PAGE OF

(check only one)

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

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NAME OF COMMITTEE (In Full) **Bell for Senate**

Full Name (Last, First, Middle Initial) Ford, James		Date of Receipt M M D Y 06 25 2014
A. Mailing Address 75 Raritan Rd, Unit 20		Amount of Each Receipt this Period 250.00
City Clark	State Zip Code NJ 07066	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Waterway New Jersey	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Derham, Richard		Date of Receipt M M D Y 06 27 2014
B. Mailing Address 524 W Comstock		Amount of Each Receipt this Period 500.00
City Seattle	State Zip Code WA 98119	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Angelo, Alfred		Date of Receipt M M D Y 06 26 2014
C. Mailing Address 340 North Avenue E		Amount of Each Receipt this Period 2,600.00
City Cranford	State Zip Code NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5,200.00
Name of Employer Horizon Partners	Occupation General Partner	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5,200.00	

SUBTOTAL of Receipts This Page (optional).....	3,350.00
TOTAL This Period (last page this line number only).....	

14021043955

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

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

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

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NAME OF COMMITTEE (In Full)
Bell for Senate

Full Name (Last, First, Middle Initial) Agron, Dominick		Date of Receipt 06^M 27^D 2014^Y
A. Mailing Address PO Box 10		Amount of Each Receipt this Period 250.00
City Dingmans Ferry	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Regeneron	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Zarras, Dean		Date of Receipt 05^M 26^D 2014^Y
B. Mailing Address 12 Old Logging Road		Amount of Each Receipt this Period 500.00
City Bedford	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Clear Factr	Occupation Software Designer	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Waters, Matthew		Date of Receipt 06^M 23^D 2014^Y
C. Mailing Address 211 N. Union St., Suite 100		Amount of Each Receipt this Period 500.00
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Waters Agency	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional)	1,250.00
TOTAL This Period (last page this line number only)	

14021043956

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

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

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

Full Name (Last, First, Middle Initial) BRUNKENHOEFER, Brett - ActRight check		Date of Receipt
Mailing Address 3691 Oak St		^M 05 ^D 23 2014 ^Y
City Jacksonville	State FL	Zip Code 32205
FEC ID number of contributing federal political committee. C C00488478		Amount of Each Receipt this Period
Name of Employer		100.00
Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		, 100.00

Full Name (Last, First, Middle Initial) KEISLING, JOHN - ActRight check		Date of Receipt
Mailing Address 35 Erica Ln		^M 05 / 23 / 2014 ^Y
City Belen	State NM	Zip Code 87002
FEC ID number of contributing federal political committee. C C00488478		Amount of Each Receipt this Period
Name of Employer		25.00
Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		, 25.00

Full Name (Last, First, Middle Initial) SABELLA, JUDY - ActRight check		Date of Receipt
Mailing Address 505 Railroad Blvd		^M 05 ^D 23 2014 ^Y
City Buena	State NJ	Zip Code 08310
FEC ID number of contributing federal political committee. C C00488478		Amount of Each Receipt this Period
Name of Employer		50.00
Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		, 50.00

SUBTOTAL of Receipts This Page (optional)	, 175.00
TOTAL This Period (last page this line number only)	, ,

14021043957

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

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

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NAME OF COMMITTEE (In Full)
Bell for Senate

Full Name (Last, First, Middle Initial) KRAMER, LINDA - ActRight check		Date of Receipt 05^M 23^D 2014^Y
Mailing Address 3716 N. 36th St		Amount of Each Receipt this Period , 25.00,
City Galesburg	State MI	
Zip Code 49053		Amount of Each Receipt this Period , 25.00,
FEC ID number of contributing federal political committee. C C00488478		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 25.00		

Full Name (Last, First, Middle Initial) HORST, MILTON - ActRight check		Date of Receipt 05^M 23^D 2014^Y
Mailing Address 10118 44th Ave. SW		Amount of Each Receipt this Period , 50.00,
City Seattle	State WA	
Zip Code 98146		Amount of Each Receipt this Period , 50.00,
FEC ID number of contributing federal political committee. C C00488478		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 50.00		

Full Name (Last, First, Middle Initial) CHAN, SHERMAN - ActRight check		Date of Receipt 05^M 23^D 2014^Y
Mailing Address 490 Norwood Cir		Amount of Each Receipt this Period , 10.00,
City Santa Clara	State CA	
Zip Code 95051		Amount of Each Receipt this Period , 10.00,
FEC ID number of contributing federal political committee. C C00488478		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 20.00		

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

14021043958

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

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

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NAME OF COMMITTEE (In Full) **Bell for Senate**

A. Full Name (Last, First, Middle Initial) **HARDT, VINEETA - ActRight check**

Mailing Address **6614 Central Avenue**

City **Glendale** State **NY** Zip Code **11385**

FEC ID number of contributing federal political committee. **C C00488478**

Name of Employer _____ Occupation _____

Receipt For: Primary General
 Other (specify) _____

Election Cycle-to-Date **10.00**

Date of Receipt **05 / 23 / 2014**

Amount of Each Receipt this Period **10.00**

B. Full Name (Last, First, Middle Initial) **ELACQUA, VAL - ActRight check**

Mailing Address **1154 Leeds St**

City **Utica** State **NY** Zip Code **13501**

FEC ID number of contributing federal political committee. **C C00488478**

Name of Employer _____ Occupation _____

Receipt For: Primary General
 Other (specify) _____

Election Cycle-to-Date **35.00**

Date of Receipt **05 / 29 / 2014**

Amount of Each Receipt this Period **25.00**

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

Mailing Address **1335 Burnt Mills Rd.**

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

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

Name of Employer **Forbes Inc.** Occupation **Executive**

Receipt For: Primary General
 Other (specify) _____

Election Cycle-to-Date **2,600.00**

Date of Receipt **05 / 19 / 2014**

Amount of Each Receipt this Period **2,600.00**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2,635.00

36,545.00

14021043959

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

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Susan B. Anthony List Candidate Fund

Mailing Address **1707 L St. NW, Suite 505**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C00332296**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
1,000.00

Date of Receipt
05 / 15 / 2014

Amount of Each Receipt this Period
1,000.00

B. Full Name (Last, First, Middle Initial)
Campaign for Working Families

Mailing Address **2800 S. Shirlington Rd.**

City **Arlington** State **VA** Zip Code **22116**

FEC ID number of contributing federal political committee. **C00325076**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
2,500.00

Date of Receipt
05 / 15 / 2014

Amount of Each Receipt this Period
2,500.00

C. Full Name (Last, First, Middle Initial)
Fund to Keep American Number One

Mailing Address **1 Fawcett Pl., Suite 130**

City **Greenwich** State **CT** Zip Code **06831**

FEC ID number of contributing federal political committee. **C00167007**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
5,000.00

Date of Receipt
05 / 27 / 2014

Amount of Each Receipt this Period
5,000.00

SUBTOTAL of Receipts This Page (optional)..... **8,500.00**

TOTAL This Period (last page this line number only)..... **8,500.00**

14021043960

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

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

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

NAME OF COMMITTEE (in Full)
Bell for Senate

Full Name (Last, First, Middle Initial)
Supporting Conservatives of Today and Tomorrow

A. Mailing Address **PO Box 905**

City **Newton** State **NJ** Zip Code **07860**

Date of Receipt **06 / 23 / 2014**

FEC ID number of contributing federal political committee. **C C00453324**

Amount of Each Receipt this Period **1,500.00**

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **1,500.00**

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

Date of Receipt

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

Date of Receipt

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

SUBTOTAL of Receipts This Page (optional) **1,500.00**

TOTAL This Period (last page this line number only) **1,500.00**

14021043961

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

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

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NAME OF COMMITTEE (In Full) **Bell for Senate**

Full Name (Last, First, Middle Initial) **Lance for Congress**

A. Mailing Address **P.O Box 225**
City **Colonia, NJ** State **NJ** Zip Code **07067**

FEC ID number of contributing federal political committee. **C C00444224**

Name of Employer _____ Occupation _____

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date **2,000.00**

Date of Receipt **06 / 23 / 2015**

Amount of Each Receipt this Period **2,000.00**

Full Name (Last, First, Middle Initial) _____

B. 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 _____

Full Name (Last, First, Middle Initial) _____

C. 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) **2,000.00**

TOTAL This Period (last page this line number only) **2,000.00**

14021043962

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

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

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NAME OF COMMITTEE (In Full) **Bell for Senate**

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City <input type="text"/> Zip Code <input type="text"/>		
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer <input type="text"/> Occupation <input type="text"/>		<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/>	Election Cycle-to-Date <input type="text"/>	

Full Name (Last, First, Middle Initial) Bell, Jeff		Date of Receipt
B. Mailing Address Loan made by candidate		<input type="text"/> / <input type="text"/> / <input type="text"/>
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>		
132 Christie St.		
Leonia, NJ 07605		
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer <input type="text"/> Occupation <input type="text"/>		<input type="text"/> 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/>	Election Cycle-to-Date <input type="text"/>	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>		
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer <input type="text"/> Occupation <input type="text"/>		<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/>	Election Cycle-to-Date <input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text"/> 5,000.00
TOTAL This Period (last page this line number only).....	<input type="text"/> 5,000.00

14021043963

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

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

NAME OF COMMITTEE (In Full) **Bell for Senate**

Full Name (Last, First, Middle Initial) A. Danker, Richard		Date of Disbursement M ^M 05 D ^D 27 Y ^Y 2014	
Mailing Address 4390 Lorcom Ln, Apt 202		Amount of Each Disbursement this Period 3,016.98	
City Arlington	State VA		Zip Code 22207
Purpose of Disbursement Salary			001 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. Danker, Richard		Date of Disbursement M ^M 06 D ^D 10 Y ^Y 2014	
Mailing Address 4390 Lorcom Ln, Apt. 202		Amount of Each Disbursement this Period \$3,016.97	
City Arlington	State VA		Zip Code 22207
Purpose of Disbursement Salary			001 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. Danker, Richard		Date of Disbursement M ^M 06 D ^D 24 Y ^Y 2014	
Mailing Address 4390 Lorcom Ln, Apt. 202		Amount of Each Disbursement this Period 3,016.67	
City Arlington	State VA		Zip Code 22207
Purpose of Disbursement Salary			001 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).....	9,050.62
TOTAL This Period (last page this line number only).....	

14021043964

**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 OF	
	<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. Authorize.net		Date of Disbursement 06^M 03^D 2014
Mailing Address PO Box 947		Amount of Each Disbursement this Period 47.95
City American Fork, UT 84003	State Zip Code	
Purpose of Disbursement credit card processing	Category/Type 001	
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. Authorize.net		Date of Disbursement 06^M 17^D 2014
Mailing Address PO Box 947		Amount of Each Disbursement this Period 82.95
City American Fork, UT 84003	State Zip Code	
Purpose of Disbursement credit card processing	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M
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).....	130.90
TOTAL This Period (last page this line number only).....	

14021043965

**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 OF

<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)		Date of Disbursement	
Mailing Address		M M Y Y	
City Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement			
Candidate Name			
Category/Type			
Office Sought:	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)		Date of Disbursement	
Mailing Address		'06 ^M '02 ^D Y2014 ^Y	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		132.88	
Candidate Name			
Category/Type			
Office Sought:	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)		Date of Disbursement	
Mailing Address		M M D D Y2014 ^Y	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		35.00	
Candidate Name			
Category/Type			
Office Sought:	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).....	167.88
TOTAL This Period (last page this line number only).....	

14021043966

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

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

NAME OF COMMITTEE (In Full)
Bell for Senate

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement 06 ^M 04 ^D 2014 ^Y
Mailing Address PO Box 947		Amount of Each Disbursement this Period 35.00
City American Fork, UT 84003	State Zip Code	
Purpose of Disbursement credit card processing	Category/Type 001	
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. Stripe		Date of Disbursement 06 ^M 30 ^D 2014 ^Y
Mailing Address 3180 18th St, Suite 100		Amount of Each Disbursement this Period 252.75
City San Francisco, CA 94110	State Zip Code	
Purpose of Disbursement	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
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).....	287.75
TOTAL This Period (last page this line number only).....	

14021043967

**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 OF

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

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NAME OF COMMITTEE (In Full)
Bell for Senate

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

Mailing Address

City Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M Y

Amount of Each Disbursement this Period

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
M M

Amount of Each Disbursement this Period

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

Mailing Address
14455 N. Hayden Rd., Ste. 219

City State Zip Code
Scottsdale, AZ 85260

Purpose of Disbursement
web hosting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M^M D^D 2014
05 20 2014

Amount of Each Disbursement this Period
8.99,

SUBTOTAL of Disbursements This Page (optional)..... **8.99**

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

14021043968

**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 OF

<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.

GoDaddy

Mailing Address: 14455 N. Hayden Rd., Ste. 219

City: Scottsdale, AZ 85260

Purpose of Disbursement: web hosting

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y
06 11 2014

Amount of Each Disbursement this Period

13.17

B.

GoDaddy

Mailing Address: 14455 N. Hayden Rd., Ste. 219

City: Scottsdale, AZ 85260

Purpose of Disbursement: web hosting

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y
06 20 2014

Amount of Each Disbursement this Period

8.99

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).....

22.16

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

14021043969

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

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

NAME OF COMMITTEE (In Full)
Bell for Senate

Full Name (Last, First, Middle Initial) A.		Date of Disbursement M M Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	Zip Code	
Purpose of Disbursement		
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:	Category/Type	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M D D Y Y
Mailing Address Intuit 2632 Marine Way		Amount of Each Disbursement this Period 23.97
City	State Zip Code Mountain View, CA 94043	
Purpose of Disbursement accounting		
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:	001 Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M D D Y Y
Mailing Address Intuit 2632 Marine Way		Amount of Each Disbursement this Period 44.70
City	State Zip Code Mountain View, CA 94043	
Purpose of Disbursement payroll processing		
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:	001 Category/Type	

SUBTOTAL of Disbursements This Page (optional)	68.67
TOTAL This Period (last page this line number only)	

14021043970

**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	OF
<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. Intuit		Date of Disbursement M M 06 D 04 Y 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 35.00
City State Zip Code Mountain View, CA 94043		
Purpose of Disbursement accounting		Category/ Type 001
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. Authorize.net		Date of Disbursement M M 06 D 26 Y 2014
Mailing Address PO Box 947		Amount of Each Disbursement this Period 157.88
City State Zip Code American Fork, UT 84003		
Purpose of Disbursement credit card processing		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement M M 06 D 27 Y 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 44.70
City State Zip Code Mountain View, CA 94043		
Purpose of Disbursement accounting		Category/ Type 001
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) 237.58

TOTAL This Period (last page this line number only)

14021043971

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

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NAME OF COMMITTEE (In Full)
Bell for Senate

Full Name (Last, First, Middle Initial) A. Intuit		Date of Disbursement M 06 D 27 Y 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 23.97
City Mountain View, CA 94043	State Zip Code	
Purpose of Disbursement accounting	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.		Date of Disbursement M M
Mailing Address		Amount of Each Disbursement this Period
City	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) C. Glenpoint Marriot		Date of Disbursement M 05 D 22 Y 2014
Mailing Address 100 Frank W Burr Blvd		Amount of Each Disbursement this Period 22.26
City Teaneck, NJ 07666	State Zip Code	
Purpose of Disbursement meeting expense	Category/Type 001	
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).....	46.23
TOTAL This Period (last page this line number only).....	

14021043972

**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 OF

<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. Glenpointe Marriot		Date of Disbursement M M D D Y Y Y 06 12 2014
Mailing Address 100 Frank Burr Hwy		Amount of Each Disbursement this Period 8.75
City Teaneck, NJ	State Zip Code 07666	
Purpose of Disbursement meeting expense	001	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Glenpointe Marriot		Date of Disbursement M M D D Y Y Y 06 12 2014
Mailing Address 100 Frank Burr Hwy		Amount of Each Disbursement this Period 28.68
City Teaneck, NJ	State Zip Code 07666	
Purpose of Disbursement meeting expense	001	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Glenpointe Marriot		Date of Disbursement M M D D Y Y Y 06 12 2014
Mailing Address 100 Frank Burr Hwy		Amount of Each Disbursement this Period 58.76
City Teaneck, NJ	State Zip Code 07666	
Purpose of Disbursement meeting expense	001	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	96.19
TOTAL This Period (last page this line number only).....	

14021043973

**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 OF

<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. Glenpointe Marriot

Mailing Address: **100 Frank W Burr Blvd**

City: **Teaneck, NJ** State: **07666** Zip Code: **07666**

Purpose of Disbursement: **meeting expense** Category/Type: **001**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement

06 / **02** / **2014**

Amount of Each Disbursement this Period

10.03

B. Glenpointe Marriot

Mailing Address: **100 Frank W Burr Blvd**

City: **Teaneck, NJ** State: **07666** Zip Code: **07666**

Purpose of Disbursement: **meeting expense** Category/Type: **001**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement

06 / **02** / **2014**

Amount of Each Disbursement this Period

34.46

C. New Jersey Department of Treasury

Mailing Address: **50 Barrack St**

City: **Trenton, NJ** State: **08608** Zip Code: **08608**

Purpose of Disbursement: **payroll tax** Category/Type: **001**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement

05 / **27** / **2014**

Amount of Each Disbursement this Period

176.58

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

221.07

14021043974

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

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NAME OF COMMITTEE (In Full)
Bell for Senate

A.

Full Name (Last, First, Middle Initial) **New Jersey Department of Treasury**

Mailing Address **55 Barrack St**

City **Trenton, NJ** State **08608** Zip Code

Purpose of Disbursement **payroll tax** Category/Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **06** / **25** / **2014**

Amount of Each Disbursement this Period **176.58**

B.

Full Name (Last, First, Middle Initial) **U.S. Department of Treasury**

Mailing Address **1500 Pennsylvania Ave. NW**

City **Washington, D.C.** State **20220** Zip Code

Purpose of Disbursement **payroll tax** Category/Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **05** / **28** / **2014**

Amount of Each Disbursement this Period **965.56**

C.

Full Name (Last, First, Middle initial) **U.S. Department of Treasury**

Mailing Address **1500 Pennsylvania Ave. NW**

City **Washington, D.C.** State **20220** Zip Code

Purpose of Disbursement **payroll tax** Category/Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **06** / **26** / **2014**

Amount of Each Disbursement this Period **965.56**

SUBTOTAL of Disbursements This Page (optional)..... **2,107.70**

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

14021043975

**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 OF	
	<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) Wells Fargo		Date of Disbursement 05 / 30 / 2014
Mailing Address 2213 N. Glebe Rd.		Amount of Each Disbursement this Period 40.00
City Arlington, VA	State Zip Code 22207	
Purpose of Disbursement bank fee		Category/Type 001
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) Wells Fargo		Date of Disbursement 06 / 03 / 2014
Mailing Address 2213 N. Glebe Rd.		Amount of Each Disbursement this Period 35.00
City Arlington, VA	State Zip Code 22207	
Purpose of Disbursement bank fee		Category/Type 001
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) Wells Fargo		Date of Disbursement 06 / 04 / 2014
Mailing Address 2213 N. Glebe Rd.		Amount of Each Disbursement this Period 35.00
City Arlington, VA	State Zip Code 22207	
Purpose of Disbursement bank fee		Category/Type 001
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).....	110.00
TOTAL This Period (last page this line number only).....	

14021043976

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

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NAME OF COMMITTEE (In Full)
Bell for Senate

Full Name (Last, First, Middle Initial) A. Wells Fargo		Date of Disbursement 06 / 04 / 2014
Mailing Address 2213 N. Glebe Rd.		Amount of Each Disbursement this Period 35.00
City Arlington, VA	State Zip Code 22207	
Purpose of Disbursement bank fee	Category/Type 001	
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. Wells Fargo		Date of Disbursement 06 / 09 / 2014
Mailing Address 2213 N. Glebe Rd.		Amount of Each Disbursement this Period 35.00
City Arlington, VA	State Zip Code 22207	
Purpose of Disbursement bank fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Wells Fargo		Date of Disbursement 06 / 10 / 2014
Mailing Address 2213 N. Glebe Rd.		Amount of Each Disbursement this Period 30.00
City Arlington, VA	State Zip Code 22207	
Purpose of Disbursement bank fee	Category/Type 001	
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).....	110.00
TOTAL This Period (last page this line number only).....	

14021043977

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

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NAME OF COMMITTEE (In Full)
Bell for Senate

A. Wells Fargo

Full Name (Last, First, Middle Initial)

Mailing Address: **2213 N. Glebe Rd.**

City: **Arlington, VA 22207** State Zip Code

Purpose of Disbursement: **bank fee** Category/Type: **001**

Candidate Name

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

State: District:

Date of Disbursement: **06 / 30 / 2014**

Amount of Each Disbursement this Period: **40.00**

B. Coluccio, Gia

Full Name (Last, First, Middle Initial)

Mailing Address: **1815 S St. NW, Apt. 229**

City: **Washington, D.C. 20009** State Zip Code

Purpose of Disbursement: **consulting fee** Category/Type: **001**

Candidate Name

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

State: District:

Date of Disbursement: **06 / 30 / 2014**

Amount of Each Disbursement this Period: **3,000.00**

C. Woods, Jonathan

Full Name (Last, First, Middle Initial)

Mailing Address: **302 4th St., Apt. 5**

City: **Jersey City, NJ 07302** State Zip Code

Purpose of Disbursement: **petition drive** Category/Type: **001**

Candidate Name

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

State: District:

Date of Disbursement: **06 / 30 / 2014**

Amount of Each Disbursement this Period: **570.00**

SUBTOTAL of Disbursements This Page (optional) **3,610.00**

TOTAL This Period (last page this line number only)

14021043978

**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	OF
<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a
<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. Full Name (Last, First, Middle Initial) **Crowne Plaza**

Mailing Address **401 S Van Brunt St**

City **Englewood, NJ** State **07631** Zip Code

Purpose of Disbursement **lodging** Category/Type **002**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **05 / 16 / 2014**

Amount of Each Disbursement this Period **171.35**

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

Mailing Address **401 S Van Brunt St**

City **Englewood, NJ** State **07631** Zip Code

Purpose of Disbursement **lodging** Category/Type **002**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **05 / 21 / 2014**

Amount of Each Disbursement this Period **219.65**

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

Mailing Address **401 S Van Brunt St**

City **Englewood, NJ** State **07631** Zip Code

Purpose of Disbursement **lodging** Category/Type **002**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **05 / 21 / 2014**

Amount of Each Disbursement this Period **219.65**

SUBTOTAL of Disbursements This Page (optional) **610.65**

TOTAL This Period (last page this line number only)

14021043979

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

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

NAME OF COMMITTEE (In Full)
Bell for Senate

Full Name (Last, First, Middle Initial) A. Crowne Plaza		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 401 S Van Brunt St		Amount of Each Disbursement this Period 166.57
City Englewood, NJ 07631	State Zip Code	
Purpose of Disbursement lodging	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Crowne Plaza		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 401 S Van Brunt St		Amount of Each Disbursement this Period 164.57
City Englewood, NJ 07631	State Zip Code	
Purpose of Disbursement lodging	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Crowne Plaza		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 401 S Brunt St		Amount of Each Disbursement this Period 906.27
City Englewood, NJ 07631	State Zip Code	
Purpose of Disbursement lodging	Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1,237.41
TOTAL This Period (last page this line number only).....	

14021043980

**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 OF

<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.

Crowne Plaza

Date of Disbursement

M M	D D	Y Y Y Y
06	12	2014

Mailing Address

401 S Van Brunt St

Amount of Each Disbursement this Period

163.30

City

State

Zip Code

Englewood, NJ 07631

Purpose of Disbursement

lodging

002

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M	D D	Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City

State

Zip Code

Purpose of Disbursement

--

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M	D D	Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City

State

Zip Code

Purpose of Disbursement

--

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

163.30

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

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14021043981

**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)		Date of Disbursement
A. Hotels.com		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
Mailing Address 5400 LBJ Freeway, Suite 500		Amount of Each Disbursement this Period <input type="text" value="227.68"/>
City Dallas, TX 75240	State Zip Code	
Purpose of Disbursement lodging	<input type="text" value="002"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Hotels.com		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
Mailing Address 5400 LBJ Freeway, Suite 500		Amount of Each Disbursement this Period <input type="text" value="441.15"/>
City Dallas, TX 75240	State Zip Code	
Purpose of Disbursement	<input type="text" value="002"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Borgata Hotel		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
Mailing Address 1 Borgata Way		Amount of Each Disbursement this Period <input type="text" value="51.03"/>
City Atlantic City, NJ 08401	State Zip Code	
Purpose of Disbursement lodging	<input type="text" value="002"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="719.86"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

14021043982

**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 OF

<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. Borgata Hotel

Mailing Address: **1 Borgata Way**

City: **Atlantic City, NJ 08401**

Purpose of Disbursement: **lodging**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement

06 / 26 / 2014

Amount of Each Disbursement this Period

282.72

002
Category/
Type

B. Danker, Richard

Mailing Address: **4390 Lorcom Ln, Apt. 202**

City: **Arlingto, VA 22207**

Purpose of Disbursement: **travel reimbursement**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement

06 / 30 / 2014

Amount of Each Disbursement this Period

1,619.44

002
Category/
Type

C. Bell, Jeff

Mailing Address: **132 Christie St.**

City: **Leonia, NJ 07605**

Purpose of Disbursement: **travel reimbursement**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement

06 / 10 / 2014

Amount of Each Disbursement this Period

1,046.45

002
Category/
Type

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

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

2,948.61

14021043983

**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 OF

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Bell for Senate

A.

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

Amount of Each Disbursement this Period

Category/Type

B.

Full Name (Last, First, Middle Initial) **Amtrak**

Mailing Address **60 Mass. Ave NE**

City **Washington, DC** State Zip Code **20002**

Purpose of Disbursement **train tickets**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **06 / 18 / 2014**

Amount of Each Disbursement this Period **530.40**

Category/Type **002**

C.

Full Name (Last, First, Middle Initial) **Hewell, Allegra**

Mailing Address **2201 N St. NW, Apt. 401**

City **Washington, D.C.** State Zip Code **20037**

Purpose of Disbursement **travel reimbursement**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **05 / 28 / 2014**

Amount of Each Disbursement this Period **770.13**

Category/Type **002**

SUBTOTAL of Disbursements This Page (optional)..... **1300.53**

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

14021043984

**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

PAGE OF

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NAME OF COMMITTEE (in Full) **Bell for Senate**

A.

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

Amount of Each Disbursement this Period

Category/Type

B.

Full Name (Last, First, Middle Initial) **Perceptions Studio**

Mailing Address **4 Northfield Rd.**

City State Zip Code **Amherst, NH 03031**

Purpose of Disbursement **fundraiser invitations**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period **226.40**

Category/Type **003**

C.

Full Name (Last, First, Middle Initial) **Morton the Steakhouse**

Mailing Address **1050 Connecticut Ave NW**

City State Zip Code **Washington, D.C. 20036**

Purpose of Disbursement **catering**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period **1,374.91**

Category/Type **003**

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1601.31

14021043985

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

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NAME OF COMMITTEE (In Full)
Bell for Senate

Full Name (Last, First, Middle Initial) A. JR Cigar		Date of Disbursement 06 / 23 / 2014
Mailing Address 1730 L St NW		Amount of Each Disbursement this Period 221.38
City Washington, D.C.	State D.C.	
Zip Code 20036		Category/ Type 003
Purpose of Disbursement catering		
Candidate Name		Disbursement For: <input 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.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: <input 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) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: <input 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)	221.38
TOTAL This Period (last page this line number only)	

14021043986

**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	OF
	<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. Cornerstone Management Partners		Date of Disbursement MM / DD / YYYY 05 / 28 / 2014
Mailing Address 17 Westminster Gate		Amount of Each Disbursement this Period 8,000.00
City Bergenfield, NJ	State Zip Code 07621	
Purpose of Disbursement robo calls	Category/Type 004	
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. Cornerstone Management Partners		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 17 Westminster Gate		Amount of Each Disbursement this Period 2,000.00
City Bergenfield, NJ	State Zip Code 07621	
Purpose of Disbursement robo calls	Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Elliott Curson Advertising		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 1900 Rittenhouse Square		Amount of Each Disbursement this Period 5,000.00
City Philadelphia, PA	State Zip Code 19103	
Purpose of Disbursement radio advertising	Category/Type 004	
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).....	15,000.00
TOTAL This Period (last page this line number only).....	

14021043987

**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 OF

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

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NAME OF COMMITTEE (In Full)

Bell for Senate

Full Name (Last, First, Middle Initial)

A.

Elliott Curson Advertising

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2014

Mailing Address

1900 Rittenhouse Square

Amount of Each Disbursement this Period

2,400.00

City

State Zip Code

Philadelphia, PA 19101

Purpose of Disbursement

radio advertisement

004
Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B.

Cornerstone Management Partners

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2014

Mailing Address

17 Westminister Gate

Amount of Each Disbursement this Period

14,000.00

City

State Zip Code

Bergenfield, NJ 07621

Purpose of Disbursement

robo calls

004
Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

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:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

16,400.00

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

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

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

NAME OF COMMITTEE (In Full)
Bell for Senate

A. Full Name (Last, First, Middle Initial)
Cornerstone Management Partners

Mailing Address
17 Westminster Gate

City State Zip Code
Bergenfield, NJ 07621

Purpose of Disbursement
mass mailing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 16 / 2014

Amount of Each Disbursement this Period
14,400.00

Category/Type
006

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)..... **14,400.00**

TOTAL This Period (last page this line number only)..... **75,878.91**

14021043989

**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	OF
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input checked="" 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. Bell, Jeff		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 132 Christie St.		Amount of Each Disbursement this Period 5,000.00
City Leonia, NJ	State Zip Code 07605	
Purpose of Disbursement loan repayment	Category/Type 009	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

SUBTOTAL of Disbursements This Page (optional).....	5,000.00
TOTAL This Period (last page this line number only).....	5,000.00

14021043990

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

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

Bell, Jeff

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

132 Christie St.

City State ZIP Code

Leonia, NJ 07605

Original Amount of Loan

30,000.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

30,000.00

TERMS

Date Incurred

04 / 28 / 2014

Date Due

/ / N/A

Interest Rate

N/A

% (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).....

30,000.00

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.

14021043991

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE OF

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Bell for Senate

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

Bell, Jeff

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

132 Christie St.

City

State

ZIP Code

Leonia, NJ 07605

Original Amount of Loan

5000.00

Cumulative Payment To Date

5,000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

MM / DD / YYYY
05 / 15 / 2014

Date Due

MM / DD / YYYY
N/A

Interest Rate

N/A % (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).....

5,000.00

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

5,000.00

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

14021043992

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 Capital One	Nature of Debt (Purpose): Credit card debt
Mailing Address 1680 Capital One Dr	
City State Zip Code McLean, VA 22102	

Outstanding Balance Beginning This Period 0.00	Amount Incurred This Period 14,993.33	Payment This Period 0.00	Outstanding Balance at Close of This Period 14,993.33
--	---	------------------------------------	---

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elliot Curson Advertising	Nature of Debt (Purpose): radio production
Mailing Address 1900 Rittenhouse Square	
City State Zip Code Philadelphia, PA 19103	

Outstanding Balance Beginning This Period 0.00	Amount Incurred This Period 1,100.00	Payment This Period 0	Outstanding Balance at Close of This Period 1,100.00
--	--	---------------------------------	--

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) ...	
2) TOTALS This Period (last page this line number only) ...	16,093.33
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	30,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	46,093.33

14021043993

ell far Senate
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Park, NJ
Lisades
2765

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UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

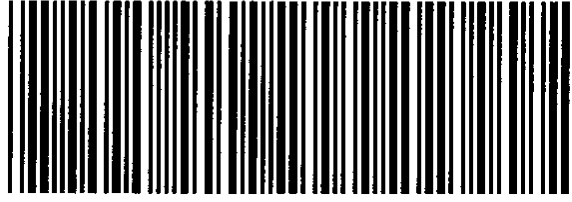
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Date of Receipt or Postmark

PREPARER MN DATE PREPARED 10/20/14

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