

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS  
16 JUL -7 PM 1:42  
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

BELL FOR SENATE

ADDRESS (number and street)

PO BOX 31

Check if different than previously reported. (ACC)

PALISADES PARK

NJ

07650

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00558122

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NJ

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

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

through

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

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

Type or Print Name of Treasurer Rich Danker

Signature of Treasurer

Asst. Treasurer

Date

M M / D D / Y Y Y Y  
06 / 25 / 2016

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

Office Use Only

FEC FORM 3  
(Revised 02/2003)

201607070200213465

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 14

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

Report Covering the Period: From: 

M	M
0	1

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	1	5

 To: 

M	M
0	3

 / 

D	D
3	1

 / 

Y	Y	Y	Y
2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	5700.00	566349.88
(b) Total Contribution Refunds (from Line 20(d)) ..	300.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..	5400.00	566149.88
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	9953.59	511383.76
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	9953.59	511383.76
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	6577.38	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	22298.63	

**For further information contact:**

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

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

201607070200213456

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

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

Report Covering the Period: From: 

M	M
01	01

 / 

D	D
01	01

 / 

Y	Y	Y	Y
2015	2015	2015	2015

 To: 

M	M
03	31

 / 

D	D
31	31

 / 

Y	Y	Y	Y
2015	2015	2015	2015

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

5700.00

418104.93

(ii) Unitemized .....

0.00

83019.95

(iii) TOTAL of contributions from individuals

5700.00

501124.88

(b) Political Party Committees...

0.00

0.00

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

0.00

65225.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

5700.00

566349.88

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..**

0.00

0.00

**13. LOANS:**

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

2500.00

35000.00

(b) All Other Loans...

0.00

0.00

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

2500.00

35000.00

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

0.00

0.00

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.) .....

0.00

0.08

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

8200.00

601349.96

201607070200213467

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES...	9953.59	511383.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	35000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	35000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees..	300.00	200.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	300.00	200.00
21. OTHER DISBURSEMENTS ..	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	10253.59	546583.76

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	8630.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	8200.00
25. SUBTOTAL (add Line 23 and Line 24) ..	16830.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	10253.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	6577.38

201607070200213468

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

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

FOR LINE NUMBER: PAGE 5 OF 14  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

Full Name (Last, First, Middle Initial)  
**Alfred A Angelo**

Mailing Address **340 North Avenue East**

City State Zip Code  
**Crawford NJ 07016**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**2700.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2015**

Transaction ID : SA11A1.8197

Amount of Each Receipt this Period  
**2700.00**

2014 General Debt Retirement

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

Mailing Address **26 Cannon Ct**

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

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

Name of Employer Occupation  
**MSW Capital Attorney**

Receipt For: 2018  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**3000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2015**

Transaction ID : SA11A1.8196

Amount of Each Receipt this Period  
**3000.00**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**5700.00**

**5700.00**

201607070200213469

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

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

**A.**

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

Mailing Address **132 CHRISTIE ST**

City **LEONIA**      State **NJ**      Zip Code **07605**

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

Name of Employer  
**Bell for Senate**      Occupation  
**Candidate**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
**MM / DD / YYYY**  
**02 / 24 / 2015**

Transaction ID : **SA13A.8199**

Amount of Each Receipt this Period  
**2500.00**

Candidate Loan

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**MM / DD / YYYY**

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**MM / DD / YYYY**

Amount of Each Receipt this Period

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

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

**2500.00**

**2500.00**

201607070200213470

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 11303 Sunset Hills

City Reston State VA Zip Code 20190

Purpose of Disbursement  
Credit Card Processing Fees

**001**

Candidate Name  
**BELL FOR SENATE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: NJ District: 00

Date of Disbursement

**03 / 02 / 2015**

Amount of Each Disbursement this Period

**62.95**

Transaction ID : **SB17.8992**

Full Name (Last, First, Middle Initial)

**B. JEFFREY BELL**

Mailing Address 132 CHRISTIE ST

City LEONIA State NJ Zip Code 07605

Purpose of Disbursement  
PO Box Renewal

**001**

Candidate Name  
**BELL FOR SENATE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: NJ District: 00

Date of Disbursement

**02 / 02 / 2015**

Amount of Each Disbursement this Period

**128.00**

Transaction ID : **SB17.8208**

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 360 Broad Ave

City Princeton State NJ Zip Code 07605

Purpose of Disbursement  
PO Box Renewal

**001**

Candidate Name  
**BELL FOR SENATE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: NJ District: 00

Date of Disbursement

**02 / 01 / 2015**

Amount of Each Disbursement this Period

**128.00**

Transaction ID : **SB17.8208.0**

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

**190.95**

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

201507079200213471C

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

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

Full Name (Last, First, Middle Initial) <b>B. Chase</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2015
Mailing Address PO Box 15123		Amount of Each Disbursement this Period 1022.00
City Wilmington	State DE	Zip Code 19850
Purpose of Disbursement Credit Card Payment	Category/ Type 001	Transaction ID : SB17.8223
Candidate Name <b>BELL FOR SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NJ	District: 00	

Full Name (Last, First, Middle Initial) <b>C. Gia Coluccio</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2015
Mailing Address 310 Prospect Ave Apt. 331		Amount of Each Disbursement this Period 1800.00
City Hackensack	State NJ	Zip Code 07601
Purpose of Disbursement Campaign Consulting	Category/ Type 001	Transaction ID : SB17.8200
Candidate Name <b>BELL FOR SENATE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NJ	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4029.00
<b>TOTAL</b> This Period (last page this line number only).....	

201607070200213472C



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Rich Danker**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: MM / DD / YYYY  
03 / 30 / 2015

Mailing Address 4390 Lorcom Ln.  
Apt 202

City Arlington State VA Zip Code 22207

Purpose of Disbursement Expense Reimbursement  
Category/Type: 001

Candidate Name **BELL FOR SENATE**

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

State: NJ District: 00

Amount of Each Disbursement this Period: 333.86

Transaction ID : SB17.8216

**B. NJ Turnpike**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: MM / DD / YYYY  
03 / 30 / 2015

Mailing Address PO Box 5042

City Woodbridge State NJ Zip Code 07095

Purpose of Disbursement Tolls  
Category/Type: 001

Candidate Name **BELL FOR SENATE**

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

State: NJ District: 00

Amount of Each Disbursement this Period: 333.86

Transaction ID : SB17.8216.0

**C. Intuit**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: MM / DD / YYYY  
01 / 21 / 2015

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting Software  
Category/Type: 001

Candidate Name **BELL FOR SENATE**

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

State: NJ District: 00

Amount of Each Disbursement this Period: 84.65

Transaction ID : SB17.8203

201607070200213473

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

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

418.51

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Accounting Software

001  
Category/  
Type

Candidate Name  
**BELL FOR SENATE**

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

State: NJ District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
02 / 27 / 2015

Amount of Each Disbursement this Period

84.65

Transaction ID : SB17.8211

**B. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Accounting Software

001  
Category/  
Type

Candidate Name  
**BELL FOR SENATE**

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

State: NJ District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 27 / 2015

Amount of Each Disbursement this Period

92.45

Transaction ID : SB17.8215

**C. TCD Compliance, LLC**

Mailing Address 3365 Cherry Lane  
Unit D

City Woodbury State MN Zip Code 55129

Purpose of Disbursement  
Accounting and Reporting

001  
Category/  
Type

Candidate Name  
**BELL FOR SENATE**

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

State: NJ District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 02 / 2015

Amount of Each Disbursement this Period

379.08

Transaction ID : SB17.8212

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

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

556.18

201607070200213474

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14			
	<input checked="" type="checkbox"/> 17 <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**

**A. U.S. Treasury Department**

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

City Washington State DC Zip Code 20220

Purpose of Disbursement Tax Payment

Candidate Name **BELL FOR SENATE** Category/Type **001**

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

State: NJ District: 00

Date of Disbursement: MM / DD / YYYY  
03 / 24 / 2015

Amount of Each Disbursement this Period: 3731.21

Transaction ID : SB17.8221

**B. USPS**

Full Name (Last, First, Middle Initial)  
Mailing Address 360 Broad Ave

City Princeton State NJ Zip Code 07605

Purpose of Disbursement Postage

Candidate Name **BELL FOR SENATE** Category/Type **001**

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

State: NJ District: 00

Date of Disbursement: MM / DD / YYYY  
02 / 02 / 2015

Amount of Each Disbursement this Period: 6.05

Transaction ID : SB17.8204

**C. Wells Fargo**

Full Name (Last, First, Middle Initial)  
Mailing Address 2213 North Glebe Road

City Arlington State VA Zip Code 22207

Purpose of Disbursement Bank Fees

Candidate Name **BELL FOR SENATE** Category/Type **001**

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

State: NJ District: 00

Date of Disbursement: MM / DD / YYYY  
03 / 31 / 2015

Amount of Each Disbursement this Period: 143.00

Transaction ID : SB17.8987

**SUBTOTAL** of Disbursements This Page (optional)..... 3880.26

**TOTAL** This Period (last page this line number only)..... 9074.90

201607070200213475

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. Lawrence Whipple</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015	
Mailing Address 26 Cannon Ct		Amount of Each Disbursement this Period 300.00	
City Basking Ridge	State NJ	Zip Code 07920	Transaction ID : SB20A.8225
Purpose of Disbursement Refund of Contribution		Category/Type 001	
Candidate Name <b>BELL FOR SENATE</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NJ	District: 00		

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

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

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

201607070200213476C

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
BELL FOR SENATE

Transaction ID : SC/10.8199

LOAN SOURCE Full Name (Last, First, Middle Initial) *PERSONAL FUNDS*  
JEFFREY BELL

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
132 CHRISTIE ST

City State ZIP Code  
LEONIA NJ 07605

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

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

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
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)... 2500.00  
TOTALS This Period (last page in this line only) .. 2500.00

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

201607070200213477

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**BELL FOR SENATE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Capital One</b>		Nature of Debt (Purpose): Credit Card Debt
Mailing Address PO Box 71083		
City	State	Zip Code
Charlotte	NC	28272

Outstanding Balance Beginning This Period	Transaction ID : SD10.5743	
<input type="text" value="14559.79"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1207.00"/>	<input type="text" value="13352.79"/>

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.8167	
<input type="text" value="7467.84"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1022.00"/>	<input type="text" value="6445.84"/>

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

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

1) SUBTOTALS This Period This Page (optional) ...	<input type="text" value="19798.63"/>
2) TOTALS This Period (last page this line number only) ...	<input type="text" value="19798.63"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	<input type="text" value="2500.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="22298.63"/>

201607070200213478

**Faxed**  
**or**  
**Hand Delivered**

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 7-7-16  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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

POSTMARK ILLEGIBLE  NO POSTMARK

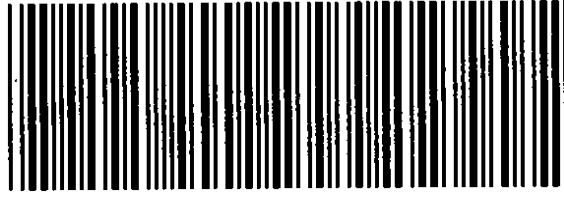
FAX \_\_\_\_\_  
Date of Receipt

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

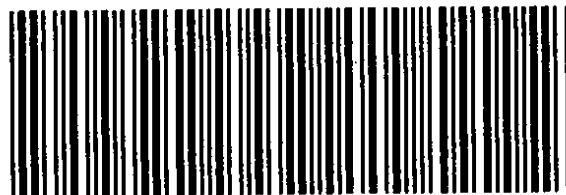
PREPARER DH DATE PREPARED 7-7-16

201607070200213480





SEN PATCH



SEN PATCH

201607070200213481