# SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# SCHEDULE 13D

# Under the Securities Exchange Act of 1934(Amendment No. 5)

Bel Fuse Inc. (Name of Issuer)

Class A Common Stock (Title of Class of Securities)

> <u>077347201</u> (CUSIP Number)

James E. McKee GAMCO Investors, Inc. One Corporate Center Rye, New York 10580-1435 (914) 921-5294 (Name, Address and Telephone Number of Person Authorized to Receive Notices and Communications)

December 14, 2007 (Date of Event which Requires Filing of this Statement)

If the filing person has previously filed a statement on Schedule 13G to report the acquisition that is the subject of this Schedule 13D, and is filing this schedule because of §§ 240.13d-1(e), 240.13d-1(f) or 240.13d-1(g), check the following box .

| Names of reporting persons<br>R.S. identification nos. of above<br>Sabelli Funds,<br>JLC<br>1044523<br>Check the appropriate box if a me<br>b)<br>bisec use only<br>Source of funds (SEE INSTRUCT<br>00-Funds of investment advisory<br>Check box if disclosure of legal pr | nber of a group (SEE INSTRUC                                                                                                                                                                                                                                                                                                                                                                                              | CTIONS)(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I.D. No. 13-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LC<br>1044523<br>Check the appropriate box if a me<br>b)<br>Sec use only<br>Source of funds (SEE INSTRUCT<br>00-Funds of investment advisory                                                                                                                                | ONS)                                                                                                                                                                                                                                                                                                                                                                                                                      | CTIONS)(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I.D. No. 13-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 044523<br>Check the appropriate box if a me<br>b)<br>Sec use only<br>Source of funds (SEE INSTRUCT<br>00-Funds of investment advisory                                                                                                                                       | ONS)                                                                                                                                                                                                                                                                                                                                                                                                                      | CTIONS)(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.D. 10. 15-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Check the appropriate box if a mo<br>b)<br>Sec use only<br>Source of funds (SEE INSTRUCT<br>00-Funds of investment advisory                                                                                                                                                 | ONS)                                                                                                                                                                                                                                                                                                                                                                                                                      | CTIONS)(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Sec use only<br>Source of funds (SEE INSTRUCT<br>00-Funds of investment advisory                                                                                                                                                                                            | ONS)<br>lients                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Sec use only<br>Source of funds (SEE INSTRUCT<br>00-Funds of investment advisory                                                                                                                                                                                            | ONS)<br>lients                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Sec use only<br>Source of funds (SEE INSTRUCT<br>00-Funds of investment advisory                                                                                                                                                                                            | ONS)<br>lients                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Source of funds (SEE INSTRUCT<br>00-Funds of investment advisory                                                                                                                                                                                                            | ONS)<br>lients                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 00-Funds of investment advisory                                                                                                                                                                                                                                             | ONS)<br>lients                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 00-Funds of investment advisory                                                                                                                                                                                                                                             | lients                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Check box if disclosure of legal pr                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Sheek box in disclosure of legal pr                                                                                                                                                                                                                                         | ceedings is required pursuant to                                                                                                                                                                                                                                                                                                                                                                                          | items 2 (d) or 2 (e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 0° 1                                                                                                                                                                                                                                                                        | cecumps is required pursuant t                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Citizenship or place of organization                                                                                                                                                                                                                                        | n                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| New York                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Number Of                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                           | er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Shares                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                           | i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Beneficially                                                                                                                                                                                                                                                                | : 8 Shared voting p                                                                                                                                                                                                                                                                                                                                                                                                       | ower                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Owned                                                                                                                                                                                                                                                                       | :<br>None                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| By Each                                                                                                                                                                                                                                                                     | : 9 Sole dispositive                                                                                                                                                                                                                                                                                                                                                                                                      | power                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Reporting                                                                                                                                                                                                                                                                   | :<br>122,800 (Item 5                                                                                                                                                                                                                                                                                                                                                                                                      | i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Person                                                                                                                                                                                                                                                                      | :<br>10 Shared dispositi                                                                                                                                                                                                                                                                                                                                                                                                  | ve power                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| With                                                                                                                                                                                                                                                                        | :<br>None                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Aggregate amount beneficially ow                                                                                                                                                                                                                                            | :<br>ned by each reporting person                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 22,800(Item 5)                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| back hav if the aggregate amoun                                                                                                                                                                                                                                             | in row (11) evoludes certain sha                                                                                                                                                                                                                                                                                                                                                                                          | wac.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SEE INSTRUCTIONS)                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Percent of class represented by an                                                                                                                                                                                                                                          | ount in row (11)                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| .79%                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| IA IA                                                                                                                                                                                                                                                                       | STRUCTIONS)                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                             | Trizenship or place of organization         Number Of         Shares         Beneficially         Owned         By Each         Reporting         Person         With         Oggregate amount beneficially owr         22,800(Item 5)         Check box if the aggregate amount         SEE INSTRUCTIONS)         rercent of class represented by amount         .79%         Ype of reporting person (SEE INSTRUCTIONS) | Sitizenship or place of organization<br>New York         Number Of       : 7       Sole voting power<br>:         Shares       : 122,800 (Item 5)         Beneficially       : 8       Shared voting power<br>:         Owned       :       None         By Each       : 9       Sole dispositive power<br>:         By Each       : 9       Sole dispositive power<br>:         Person       :10       Shared dispositive power<br>:         With       :       None         uggregate amount beneficially owned by each reporting person       :         22,800(Item 5)       :       :         Sheek box if the aggregate amount in row (11) excludes certain she<br>SEE INSTRUCTIONS)       :         rercent of class represented by amount in row (11)       .         .79%       : | Sitizenship or place of organization         Number Of       ?         Shares       122,800 (Item 5)         Beneficially       ?         Beneficially       ?         Shares       .         Owned       .         By Each       ?         By Each       ?         Sole dispositive power       .         .       .         Person       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       . |

| 1                                                           | Names of reporting persons                                   |                   |                                          |  |  |
|-------------------------------------------------------------|--------------------------------------------------------------|-------------------|------------------------------------------|--|--|
| I.R.S. identification nos. of above persons (entities only) |                                                              |                   | es only)                                 |  |  |
|                                                             | GAMCO Asset Management Inc.                                  |                   |                                          |  |  |
|                                                             | 8                                                            | <br>No. 13-404452 | L                                        |  |  |
| 2                                                           | Check the appropriate box if a n                             | nember of a gro   | up (SEE INSTRUCTIONS)(a)                 |  |  |
|                                                             |                                                              | U                 |                                          |  |  |
|                                                             |                                                              |                   |                                          |  |  |
|                                                             | (b)                                                          |                   |                                          |  |  |
|                                                             |                                                              |                   |                                          |  |  |
| 3                                                           | Sec use only                                                 |                   |                                          |  |  |
|                                                             |                                                              |                   |                                          |  |  |
| Δ                                                           | Source of funds (SEE INSTRUC                                 | TIONS)            |                                          |  |  |
| -                                                           | 00-Funds of investment advisory                              |                   |                                          |  |  |
|                                                             | of Funds of investment davisor                               | , chents          |                                          |  |  |
| 5                                                           | Charly hav if disclosure of logal r                          | wasaadings is a   | equired pursuant to items 2 (d) or 2 (e) |  |  |
| 5                                                           | Check box if disclosure of legal p                           | proceedings is i  | equired pursuant to items 2 (d) or 2 (e) |  |  |
|                                                             |                                                              |                   |                                          |  |  |
|                                                             |                                                              |                   |                                          |  |  |
| 6                                                           | Citizenship or place of organizat                            | ion               |                                          |  |  |
|                                                             | New York                                                     |                   |                                          |  |  |
|                                                             |                                                              |                   |                                          |  |  |
|                                                             | Number Of                                                    | : 7               | Sole voting power                        |  |  |
|                                                             |                                                              | :                 |                                          |  |  |
|                                                             | Shares                                                       | :                 | 176,000 (Item 5)                         |  |  |
|                                                             |                                                              | :                 |                                          |  |  |
|                                                             | Beneficially                                                 | : 8               | Shared voting power                      |  |  |
|                                                             |                                                              | :                 |                                          |  |  |
|                                                             | Owned                                                        | :                 | None                                     |  |  |
|                                                             |                                                              | :                 |                                          |  |  |
|                                                             | By Each                                                      | : 9               | Sole dispositive power                   |  |  |
|                                                             |                                                              | :                 |                                          |  |  |
|                                                             | Reporting                                                    | :                 | 176,000 (Item 5)                         |  |  |
|                                                             | _                                                            | :                 |                                          |  |  |
|                                                             | Person                                                       | :10               | Shared dispositive power                 |  |  |
|                                                             |                                                              | :                 |                                          |  |  |
|                                                             | With                                                         | :                 | None                                     |  |  |
|                                                             | A                                                            |                   |                                          |  |  |
|                                                             | Aggregate amount beneficially owned by each reporting person |                   |                                          |  |  |
|                                                             | 176 000 (Itom 5)                                             |                   |                                          |  |  |
|                                                             | 176,000 (Item 5)                                             |                   |                                          |  |  |
|                                                             |                                                              |                   |                                          |  |  |
|                                                             | Check box if the aggregate amou                              | int in row (11)   | xcludes certain shares                   |  |  |
|                                                             | (SEE INSTRUCTIONS)                                           |                   |                                          |  |  |
|                                                             |                                                              |                   |                                          |  |  |
|                                                             |                                                              |                   |                                          |  |  |
|                                                             | Percent of class represented by a                            | mount in row      | 11)                                      |  |  |
|                                                             |                                                              |                   |                                          |  |  |
|                                                             | 6.86%                                                        |                   |                                          |  |  |
|                                                             |                                                              |                   |                                          |  |  |
|                                                             | Type of reporting person (SEE I                              | NSTRUCTION        | S)                                       |  |  |
|                                                             | IA, CO                                                       |                   | ~,                                       |  |  |
|                                                             |                                                              |                   |                                          |  |  |
|                                                             |                                                              |                   |                                          |  |  |
|                                                             |                                                              |                   |                                          |  |  |
|                                                             |                                                              |                   |                                          |  |  |
|                                                             |                                                              |                   |                                          |  |  |

| CUSIP N | lo. 077347201                                                                                                                       |                                   |  |  |  |  |
|---------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|--|--|--|
| 1       | Names of reporting persons<br>I.R.S. identification nos. of above persons (entities only)<br>Gabelli Advisers,<br>Inc. I.D. No. 13- |                                   |  |  |  |  |
| 2       | 4008049                                                                                                                             |                                   |  |  |  |  |
| 2       | Check the appropriate box if a member of a group (SEE INSTRUCTIONS)(a)                                                              |                                   |  |  |  |  |
|         | (b)                                                                                                                                 |                                   |  |  |  |  |
| 3       | Sec use only                                                                                                                        |                                   |  |  |  |  |
| 4       | Source of funds (SEE INSTRUCTIONS)<br>00 – Funds of investment advisory clients                                                     |                                   |  |  |  |  |
| 5       | Check box if disclosure of legal proceedings is required pursuant to items 2 (d) or 2 (e)                                           |                                   |  |  |  |  |
| 6       | Citizenship or place of organization<br>Delaware                                                                                    |                                   |  |  |  |  |
|         | Number Of                                                                                                                           | : 7 Sole voting power<br>:        |  |  |  |  |
|         | Shares                                                                                                                              | : 1,200 (Item 5)                  |  |  |  |  |
|         | Beneficially                                                                                                                        | : 8 Shared voting power<br>:      |  |  |  |  |
|         | Owned                                                                                                                               | : None<br>:                       |  |  |  |  |
|         | By Each                                                                                                                             | : 9 Sole dispositive power        |  |  |  |  |
|         | Reporting                                                                                                                           | : 1,200 (Item 5)<br>:             |  |  |  |  |
|         | Person                                                                                                                              | :10 Shared dispositive power<br>: |  |  |  |  |
|         | With                                                                                                                                | : None<br>:                       |  |  |  |  |
| 11      | Aggregate amount beneficially owned by                                                                                              | each reporting person             |  |  |  |  |
|         | 1,200 (Item 5)                                                                                                                      |                                   |  |  |  |  |
| 12      | Check box if the aggregate amount in rov<br>(SEE INSTRUCTIONS)                                                                      | w (11) excludes certain shares    |  |  |  |  |
| 13      | Percent of class represented by amount in                                                                                           | n row (11)                        |  |  |  |  |
|         | 0.05%                                                                                                                               |                                   |  |  |  |  |
| 14      | Type of reporting person (SEE INSTRUC<br>IA, CO                                                                                     | CTIONS)                           |  |  |  |  |
|         |                                                                                                                                     |                                   |  |  |  |  |
|         |                                                                                                                                     | 4                                 |  |  |  |  |

| CUSIP N                                                                                                   | No. 077347201                                                                                        |                    |                                        |      |  |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------|------|--|
| 1                                                                                                         | Names of reporting persons<br>I.R.S. identification nos. of above<br>GGCP,<br>Inc.<br>No. 13-3056041 | e persons (entitie | ; only)                                | I.D. |  |
| No. 13-3056041           2         Check the appropriate box if a member of a group (SEE INSTRUCTIONS)(a) |                                                                                                      |                    |                                        |      |  |
| -                                                                                                         | (b)                                                                                                  | ichiber of a grou  |                                        |      |  |
| 3                                                                                                         | Sec use only                                                                                         |                    |                                        |      |  |
| 4                                                                                                         | Source of funds (SEE INSTRUCTIONS)<br>None                                                           |                    |                                        |      |  |
| 5                                                                                                         | Check box if disclosure of legal p                                                                   | proceedings is ree | uired pursuant to items 2 (d) or 2 (e) |      |  |
| 6                                                                                                         | Citizenship or place of organizat<br>New York                                                        | ion                |                                        |      |  |
|                                                                                                           | Number Of                                                                                            | : 7<br>:           | Sole voting power                      |      |  |
|                                                                                                           | Shares                                                                                               | :                  | None (Item 5)                          |      |  |
|                                                                                                           | Beneficially                                                                                         | : 8<br>:           | Shared voting power                    |      |  |
|                                                                                                           | Owned                                                                                                | :                  | None                                   |      |  |
|                                                                                                           | By Each                                                                                              | : 9<br>:           | Sole dispositive power                 |      |  |
|                                                                                                           | Reporting                                                                                            | :                  | None (Item 5)                          |      |  |
|                                                                                                           | Person                                                                                               | :10<br>:           | Shared dispositive power               |      |  |
|                                                                                                           | With                                                                                                 | :                  | None                                   |      |  |
| 11                                                                                                        | Aggregate amount beneficially or                                                                     | wned by each re    | orting person                          |      |  |
|                                                                                                           | None (Item 5)                                                                                        |                    |                                        |      |  |
| 12                                                                                                        | Check box if the aggregate amou<br>(SEE INSTRUCTIONS) X                                              | nt in row (11) ex  | cludes certain shares                  |      |  |
| 13                                                                                                        | Percent of class represented by a                                                                    | mount in row (1    | )                                      |      |  |
|                                                                                                           | 0.00%                                                                                                |                    |                                        |      |  |
| 14                                                                                                        | Type of reporting person (SEE II<br>HC, CO                                                           | NSTRUCTIONS        | ,                                      |      |  |
|                                                                                                           |                                                                                                      |                    |                                        |      |  |

| 1 | Names of reporting persons                                             |                     |                                          |    |  |
|---|------------------------------------------------------------------------|---------------------|------------------------------------------|----|--|
|   |                                                                        |                     | •                                        |    |  |
|   | I.R.S. identification nos. of above persons (entities only)            |                     |                                          | ID |  |
|   | GAMCO Investors, Inc.                                                  | I.D.                |                                          |    |  |
|   |                                                                        |                     |                                          |    |  |
|   | Check the appropriate box if a member of a group (SEE INSTRUCTIONS)(a) |                     |                                          |    |  |
|   |                                                                        |                     |                                          |    |  |
|   | (b)                                                                    |                     |                                          |    |  |
|   |                                                                        |                     |                                          |    |  |
| 3 | Sec use only                                                           |                     |                                          |    |  |
|   |                                                                        |                     |                                          |    |  |
| 4 | Source of funds (SEE INSTRUC                                           | TIONS)              |                                          |    |  |
|   | None                                                                   |                     |                                          |    |  |
| 5 | Charly hav if disclosure of logal                                      | ana caadinga ia a   | equired pursuant to items 2 (d) or 2 (e) |    |  |
| Э | Check box if disclosure of legal p                                     | proceedings is r    | equired pursuant to items 2 (d) or 2 (e) |    |  |
|   |                                                                        |                     |                                          |    |  |
| 6 | Citizenship or place of organizat                                      | tion                |                                          |    |  |
| Ū | New York                                                               |                     |                                          |    |  |
|   |                                                                        |                     |                                          |    |  |
|   | Number Of                                                              | : 7                 | Sole voting power                        |    |  |
|   |                                                                        | :                   |                                          |    |  |
|   | Shares                                                                 | :                   | None (Item 5)                            |    |  |
|   | Beneficially                                                           | : 8                 | Shared voting power                      |    |  |
|   | Deliencially                                                           | :                   | Shared voting power                      |    |  |
|   | Owned                                                                  | :                   | None                                     |    |  |
|   |                                                                        | <u>:</u>            |                                          |    |  |
|   | By Each                                                                | :9                  | Sole dispositive power                   |    |  |
|   | Reporting                                                              | :                   | None (Item 5)                            |    |  |
|   | Reporting                                                              | :                   | Tone (Item 5)                            |    |  |
|   | Person                                                                 | :10                 | Shared dispositive power                 |    |  |
|   |                                                                        | :                   |                                          |    |  |
|   | With                                                                   | :                   | None                                     |    |  |
|   | Aggregate amount beneficially o                                        | :<br>wned by each r | anorting person                          |    |  |
|   | Aggregate amount beneficiary o                                         | when by each i      | chording berson                          |    |  |
|   | None (Item 5)                                                          |                     |                                          |    |  |
|   |                                                                        |                     |                                          |    |  |
|   | Check box if the aggregate amou                                        | int in row (11)     | xcludes certain shares                   |    |  |
|   | (SEE INSTRUCTIONS) X                                                   |                     |                                          |    |  |
|   |                                                                        |                     |                                          |    |  |
|   |                                                                        |                     |                                          |    |  |
|   | Percent of class represented by a                                      | amount in row       | 11)                                      |    |  |
|   | 0.00%                                                                  |                     |                                          |    |  |
|   | 0.0070                                                                 |                     |                                          |    |  |
|   | Type of reporting person (SEE I                                        | NSTRUCTION          | 8)                                       |    |  |
|   | HC, CO                                                                 | NSTRUCTION          | 5)                                       |    |  |
|   | ~                                                                      |                     |                                          |    |  |
|   |                                                                        |                     |                                          |    |  |
|   |                                                                        |                     |                                          |    |  |
|   |                                                                        |                     |                                          |    |  |

| CUSIP N | o. 077347201                                                                                                  |                                     |  |  |
|---------|---------------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|
| 1       | Names of reporting persons<br>I.R.S. identification nos. of above persons (entities only)<br>Mario J. Gabelli |                                     |  |  |
| 2       | Check the appropriate box if a member of a group (SEE INSTRUCTIONS)(a)                                        |                                     |  |  |
|         | (b)                                                                                                           |                                     |  |  |
| 3       | Sec use only                                                                                                  |                                     |  |  |
| 4       | Source of funds (SEE INSTRUCTIONS)<br>None                                                                    |                                     |  |  |
| 5       | Check box if disclosure of legal proceedings is required pursuant to items 2 (d) or 2 (e)                     |                                     |  |  |
| 6       | Citizenship or place of organization<br>USA                                                                   |                                     |  |  |
|         | Number Of                                                                                                     | : 7 Sole voting power<br>:          |  |  |
|         | Shares                                                                                                        | : None (Item 5)<br>:                |  |  |
|         | Beneficially                                                                                                  | : 8 Shared voting power<br>:        |  |  |
|         | Owned                                                                                                         | : None<br>:                         |  |  |
|         | By Each                                                                                                       | : 9 Sole dispositive power<br>:     |  |  |
|         | Reporting                                                                                                     | : None (Item 5)<br>:                |  |  |
|         | Person                                                                                                        | :10 Shared dispositive power<br>:   |  |  |
|         | With                                                                                                          | : None<br>:                         |  |  |
| 11      | Aggregate amount beneficially own                                                                             | ed by each reporting person         |  |  |
|         | None (Item 5)                                                                                                 |                                     |  |  |
| 12      | Check box if the aggregate amount<br>(SEE INSTRUCTIONS) X                                                     | in row (11) excludes certain shares |  |  |
| 13      | Percent of class represented by am                                                                            | aunt in row (11)                    |  |  |
|         | 0.00%                                                                                                         |                                     |  |  |
| 14      | Type of reporting person (SEE INS<br>IN                                                                       | TRUCTIONS)                          |  |  |
|         |                                                                                                               | 7                                   |  |  |

#### Item 1.

#### Security and Issuer

This Amendment No. 5 to Schedule 13D on the Class A Common Stock of Bel Fuse Inc. (the "Issuer") is being filed on behalf of the undersigned to amend the Schedule 13D, as amended (the "Schedule 13D"), which was originally filed on June 25, 2007. Unless otherwise indicated, all capitalized terms used herein but not defined herein shall have the same meaning as set forth in the Schedule 13D.

#### Item 2. Identity and Background

This statement is being filed by Mario J. Gabelli ("Mario Gabelli") and various entities which he

directly or indirectly controls or for which he acts as chief investment officer. These entities, except for LICT Corporation ("LICT"), engage in various aspects of the securities business, primarily as investment adviser to various institutional and individual clients, including registered investment companies and pension plans, and as general partner of various private investment partnerships. Certain of these entities may also make investments for their own accounts.

The foregoing persons in the aggregate often own beneficially more than 5% of a class of a particular issuer. Although several of the foregoing persons are treated as institutional investors for purposes of reporting their beneficial ownership on the short-form Schedule 13G, the holdings of those who do not qualify as institutional investors may exceed the 1% threshold presented for filing on Schedule 13G or implementation of their investment philosophy may from time to time require action which could be viewed as not completely passive. In order to avoid any question as to whether their beneficial ownership is being reported on the proper form and in order to provide greater investment flexibility and administrative uniformity, these persons have decided to file their beneficial ownership reports on the more detailed Schedule 13D form rather than on the short-form Schedule 13G and thereby to provide more expansive disclosure than may be necessary.

(a), (b) and (c) - This statement is being filed by one or more of the following persons: GGCP, Inc. formerly known as Gabelli Group Capital Partners, Inc. ("GGCP"), GAMCO Investors, Inc. formerly known as Gabelli Asset Management Inc. ("GBL"), Gabelli Funds, LLC ("Gabelli Funds"), GAMCO Asset Management Inc. formerly known as GAMCO Investors, Inc. ("GAMCO"), Gabelli Advisers"), Gabelli Securities, Inc. ("GAMCO"), Gabelli Advisers, Inc. ("Gabelli Advisers"), Gabelli Securities, Inc. ("GSI"), Gabelli & Company, Inc. ("Gabelli & Company"), MJG Associates, Inc. ("MJG Associates"), Gabelli Foundation, Inc. ("Foundation"), Mario Gabelli, and LICT. Those of the foregoing persons signing this Schedule 13D are hereafter referred to as the "Reporting Persons". GGCP makes investments for its own account and is the parent company of GBL. GBL, a public company listed on the New York Stock Exchange, is the parent company for a variety of companies engaged in the securities business, including those named below.

GAMCO, a wholly-owned subsidiary of GBL, is an investment adviser registered under the Investment Advisers Act of 1940, as amended ("Advisers Act"). GAMCO is an investment manager providing discretionary managed account services for employee benefit plans, private investors, endowments, foundations and others.

GSI, a majority-owned subsidiary of GBL, is an investment adviser registered under the Advisers Act and serves as a general partner or investment manager to limited partnerships and offshore investment companies. As a part of its business, GSI may purchase or sell securities for its own account. It is the immediate parent of Gabelli & Company. GSI is the general partner or investment manager of a number of funds or partnerships, including Gabelli Associates Fund, Gabelli Associates Fund II, Gabelli Associates Limited, ALCE Partners, L.P., and Gabelli Multimedia Partners, L.P. GSI and Marc Gabelli own 45%, and 55%, respectively, of Gabelli Securities International Limited ("GSIL"). GSIL provides investment advisory services to offshore funds and accounts. GSIL is an investment advisor of Gabelli International Gold Fund Limited, Gabelli European Partners, Ltd., and Gabelli Global Partners, Ltd. Gabelli & Company, a wholly-owned subsidiary of GSI, is a broker-dealer registered under the Securities Exchange Act of 1934, as amended ("1934 Act"), which as a part of its business regularly purchases and sells securities for its own account.

Gabelli Funds, a wholly owned subsidiary of GBL, is a limited liability company. Gabelli Funds is an investment adviser registered under the Advisers Act which presently provides discretionary managed account services for The Gabelli Equity Trust Inc., The Gabelli Asset Fund, The GAMCO Growth Fund, The Gabelli Convertible and Income Securities Fund Inc., The Gabelli Value Fund Inc., The Gabelli Small Cap Growth Fund, The Gabelli Equity Income Fund, The Gabelli ABC Fund, The GAMCO Global Telecommunications Fund, GAMCO Gold Fund, Inc., The Gabelli Global Multimedia Trust Inc., The GAMCO Global Convertible Securities Fund, Gabelli Capital Asset Fund, GAMCO International Growth Fund, Inc., The GAMCO Global Opportunity Fund, The Gabelli Utilities Fund, The Gabelli Blue Chip Value Fund, The GAMCO Mathers Fund, The Gabelli Woodland Small Cap Value Fund, The Comstock Capital Value Fund, The Comstock Strategy Fund, The Gabelli Dividend and Income Trust, The Gabelli Global Utility & Income Trust, The Gabelli Global Deal Fund, and The Gabelli Healthcare & Wellness Rx Trust (collectively, the "Funds"), which are registered investment companies.

Gabelli Advisers, a subsidiary of GBL, is an investment adviser which provides discretionary advisory services to The GAMCO Westwood Mighty Mites<sup>sm</sup> Fund, The GAMCO Westwood Income Fund and The GAMCO Westwood Small Cap Fund.

MJG Associates provides advisory services to private investment partnerships and offshore funds. Mario Gabelli is the sole shareholder, director and employee of MJG Associates. MJG Associates is the Investment Manager of Gabelli International Limited, Gabelli International II Limited, Gabelli Performance Partnership, and Gabelli Fund, LDC.

The Foundation is a private foundation. Mario Gabelli is the President, a Trustee and the

Investment Manager of the Foundation.

LICT is a holding company with operating subsidiaries engaged primarily in the rural telephone industry. LICT actively pursues new business ventures and acquisitions. LICT makes investments in marketable securities to preserve capital and maintain liquidity for financing their business activities and acquisitions and are not engaged in the business of investing, reinvesting, or trading in securities. Mario J. Gabelli is a director, and substantial shareholder of LICT.

Mario Gabelli is the majority stockholder and Chief Executive Officer of GGCP and Chairman and Chief Executive Officer of GBL. GGCP is the majority shareholder of GBL. GBL, in turn, is the sole stockholder of GAMCO. GBL is also the majority stockholder of GSI and the largest shareholder of Gabelli Advisers. Gabelli & Company is a wholly-owned subsidiary of GSI. The Reporting Persons do not admit that they constitute a group.

GGCP, GBL, GAMCO, and Gabelli & Company are New York corporations and GSI and Gabelli Advisers are Delaware corporations, each having its principal business office at One Corporate Center, Rye, New York 10580. Gabelli Funds is a New York limited liability company having its principal business office at One Corporate Center, Rye, New York 10580. Gabelli Funds is a New York liability company having its principal business office at One Corporate Center, Rye, New York 10580. MJG Associates is a Connecticut corporation having its principal business office at 140 Greenwich Avenue, Greenwich, CT 06830. The Foundation is a Nevada corporation having its principal offices at 165 West Liberty Street, Reno, Nevada 89501. LICT is a Delaware corporation having its principal place of business at 401 Theodore Fremd Avenue, Rye, New York 10580.

For information required by instruction C to Schedule 13D with respect to the executive officers and directors of the foregoing entities and other related persons (collectively, "Covered Persons"), reference is made to Schedule I annexed hereto and incorporated herein by reference.

(f) - Reference is made to Schedule I hereto.

### Item 3.

#### Source and Amount of Funds or Other Consideration Item 3 to Schedule 13D is amended, in pertinent part, as follows:

The Reporting Persons used an aggregate of approximately \$976,022 to purchase the additional Securities reported as beneficially owned in Item 5 since the most recent filing on Schedule 13D. GAMCO and Gabelli Funds used approximately \$389,036 and \$586,986, respectively, of funds that were provided through the accounts of certain of their investment advisory clients (and, in the case of some of such accounts at GAMCO, may be through borrowings from client margin accounts) in order to purchase the additional Securities for such clients.

Item 5. Interest In Securities Of The Issuer

Item 5 to Schedule 13D is amended, in pertinent part, as follows:

(a) The aggregate number of Securities to which this Schedule 13D relates is 300,000 shares, representing 11.70% of the 2,565,190 shares outstanding as reported in the Issuer's most recent Form 10-Q for the quarter ended September 30, 2007. The Reporting Persons beneficially own those Securities as follows:

| Name             | Shares of<br>Common Stock | % of Class of<br>Common |
|------------------|---------------------------|-------------------------|
| Gabelli Funds    | 122,800                   | 4.79%                   |
| GAMCO            | 176,000                   | 6.86%                   |
| Gabelli Advisers | 1,200                     | 0.05%                   |

Mario Gabelli is deemed to have beneficial ownership of the Securities owned beneficially by each of the foregoing persons. GSI is deemed to have beneficial ownership of the Securities owned beneficially by Gabelli & Company. GBL and GGCP are deemed to have beneficial ownership of the Securities owned beneficially by each of the foregoing persons other than Mario Gabelli and the Foundation.

(b) Each of the Reporting Persons and Covered Persons has the sole power to vote or direct the vote and sole power to dispose or to direct the disposition of the Securities reported for it, either for its own benefit or for the benefit of its investment clients or its partners, as the case may be, except that (i) Gabelli Funds has sole dispositive and voting power with respect to the shares of the Issuer held by the Funds so long as the aggregate voting interest of all joint filers does not exceed 25% of their total voting interest in the Issuer and, in that event, the Proxy Voting Committee of each Fund shall respectively vote that Fund's shares, (ii) at any time, the Proxy Voting Committee of each such Fund may take and exercise in its sole discretion the entire voting power with respect to the shares held by such fund under special circumstances such as regulatory considerations, and (iii) the power of Mario Gabelli, GBL, and GGCP is indirect with respect to Securities beneficially owned directly by other Reporting Persons.

(c) Information with respect to all transactions in the Securities which were effected during the past sixty days or since the most recent filing on Schedule 13D, whichever is less, by each of the Reporting Persons and Covered Persons is set forth on Schedule II annexed hereto and incorporated herein by reference.

(e) Not applicable.



 Signature

 After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

 Dated:
 December 17, 2007

MARIO J. GABELLI GGCP, INC.

By:<u>/s/ James E. McKee</u> James E. McKee Attorney-in-Fact

GAMCO INVESTORS, INC.

GABELLI FUNDS, LLC GABELLI ADVISERS, INC.

By:<u>/s/ James E. McKee</u> James E. McKee Secretary or Assistant Secretary

GAMCO ASSET MANAGEMENT INC.

By:/<u>s/ Douglas R. Jamieson</u> Douglas R. Jamieson President and Chief Operating Officer

### Schedule I Information with Respect to Executive <u>Officers and Directors of the Undersigned</u> Schedule I to Schedule 13D is amended, in pertinent part, as follows:

The following sets forth as to each of the executive officers and directors of the undersigned: his name; his business address; his present principal occupation or employment and the name, principal business and address of any corporation or other organization in which such employment is conducted. Unless otherwise specified, the principal employer of each such individual is GAMCO Asset Management, Inc., Gabelli Funds, LLC, Gabelli Securities, Inc., Gabelli & Company, Inc., or GAMCO Investors, Inc., the business address of each of which is One Corporate Center, Rye, New York 10580, and each such individual identified below is a citizen of the United States. To the knowledge of the undersigned, during the last five years, no such person has been convicted in a criminal proceeding (excluding traffic violations or similar misdemeanors), and no such person was a party to a civil proceeding of a judicial or administrative body of competent jurisdiction as a result of which he was or is subject to a judgment, decree or final order enjoining future violations of, or prohibiting or mandating activities subject to, federal or state securities law or finding any violation with respect to such laws except as reported in Item 2(d) of this Schedule 13D.

| Business Consultant                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chief Executive Officer of GGCP, Inc., and GAMCO Investors, Inc.; Director/Trustee of all registered investment companies advised by Gabelli Funds, LLC; Chief Executive Officer of LICT Corporation. |
| Chairman of LGL Corporation                                                                                                                                                                           |
| Vice President – Trading<br>Gabelli & Company, Inc.<br>One Corporate Center<br>Rye, New York 10580                                                                                                    |
| Secretary & Treasurer<br>United Holdings Co., Inc.<br>2545 Wilkens Avenue<br>Baltimore, MD 21223                                                                                                      |
| See below                                                                                                                                                                                             |
| Business Consultant/former Chairman of GAMCO Asset Management Inc.                                                                                                                                    |
| Chairman; Former Vice Chairman and Chief Financial Officer<br>Verizon Communications                                                                                                                  |
| Chief Executive Officer and Chief Investment Officer                                                                                                                                                  |
| Chief Financial Officer                                                                                                                                                                               |
|                                                                                                                                                                                                       |
| Former Chairman and Chief Executive Officer<br>Procter & Gamble Company<br>900 Adams Crossing<br>Cincinnati, OH 45202                                                                                 |
| Chairman and Chief Executive Officer<br>Nortek, Inc.<br>50 Kennedy Plaza<br>Providence, RI 02903                                                                                                      |
| See above                                                                                                                                                                                             |
| Senior Vice President                                                                                                                                                                                 |
| Business Consultant                                                                                                                                                                                   |
| Former Chairman and Chief Executive Officer<br>Consolidated Edison, Inc.                                                                                                                              |
| Sal. Oppenheim jr. & Cie.<br>Bockenheimer Landstrasse 20<br>D-6000 FRANKFURT AM MAIN<br>Germany                                                                                                       |
| President & Chief Operating Officer<br>Gray Television, Inc.<br>4370 Peachtree Road, NE<br>Atlanta, GA 30319                                                                                          |
| Lawyer, Investment Adviser and Cable Television Executive<br>c/o Bear Stearns & Company, Inc.<br>245 Park Avenue, 19 <sup>th</sup> Floor<br>New York, NY 10167                                        |
| Chairman and Chief Executive Officer                                                                                                                                                                  |
| President and Chief Operating Officer                                                                                                                                                                 |
| Senior Vice President                                                                                                                                                                                 |
| Acting Co-Chief Financial Officer                                                                                                                                                                     |
| Acting Co-Chief Financial Officer                                                                                                                                                                     |
| Vice President, General Counsel and Secretary                                                                                                                                                         |
|                                                                                                                                                                                                       |

GAMCO Asset Management Inc. Directors:

| Douglas R. Jamieson<br>Regina M. Pitaro<br>F. William Scholz, II<br>William S. Selby | _                                                                                           |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Officers:                                                                            |                                                                                             |
| Mario J. Gabelli                                                                     | Chief Investment Officer – Value Portfolios                                                 |
| Douglas R. Jamieson                                                                  | President                                                                                   |
| John Piontkowski                                                                     | Chief Operating Officer & Chief Financial Officer                                           |
| Chistopher J. Michailoff                                                             | General Counsel and Secretary                                                               |
| Gabelli Funds, LLC<br>Officers:                                                      |                                                                                             |
| Mario J. Gabelli                                                                     | Chief Investment Officer – Value Portfolios                                                 |
| Bruce N. Alpert                                                                      | Executive Vice President and Chief Operating Officer                                        |
| James E. McKee                                                                       | Secretary                                                                                   |
| Gabelli Advisers, Inc.<br>Directors:                                                 | _                                                                                           |
| Bruce N. Alpert<br>Douglas R. Jamieson                                               | See above<br>See above                                                                      |
| Officers:                                                                            |                                                                                             |
| Bruce N. Alpert                                                                      | Chief Operating Officer                                                                     |
| James E. McKee                                                                       | Secretary                                                                                   |
| Gabelli Securities, Inc.                                                             |                                                                                             |
| Directors:                                                                           | -                                                                                           |
| Robert W. Blake                                                                      | President of W. R. Blake & Sons, Inc.<br>196-20 Northern Boulevard<br>Flushing, NY 11358    |
| Douglas G. DeVivo                                                                    | General Partner of ALCE Partners, L.P.<br>One First Street, Suite 16<br>Los Altos, CA 94022 |
| Douglas R. Jamieson                                                                  | President and Chief Operating Officer                                                       |
| F. William Scholz, II                                                                | See above                                                                                   |
| Officers:                                                                            |                                                                                             |
| Douglas R. Jamieson                                                                  | See above                                                                                   |
| Christopher J. Michailoff                                                            | Secretary                                                                                   |
| Kieran Caterina                                                                      | Chief Financial Officer                                                                     |
| Gabelli & Company, Inc.<br>Directors:                                                |                                                                                             |
| James G. Webster, III                                                                | Chairman & Interim President                                                                |
| Irene Smolicz                                                                        | Senior Trader<br>Gabelli & Company, Inc.                                                    |
| Officers:<br>James G. Webster, III                                                   | Chairman & Interim President                                                                |
| Bruce N. Alpert                                                                      | Vice President - Mutual Funds                                                               |
| James E. McKee                                                                       | Secretary                                                                                   |

Directors:

| Mario J. Gabelli              | See above - GGCP, Inc.                                                                       |
|-------------------------------|----------------------------------------------------------------------------------------------|
| Glenn Angelillo               | P.O. Box 128<br>New Canaan, CT 06840                                                         |
| Alfred W. Fiore               | The Ross Companies<br>1270 Avenue of the Americas<br>New York, NY 10020-1703                 |
| Salvatore Muoio               | Principal<br>S. Muoio & Co., LLC<br>Suite 406<br>509 Madison Ave.<br>New York, NY 10022      |
| Gary L. Sugarman<br>Officers: | Chief Executive Officer<br>Richfield Associates<br>400 Andrews Street<br>Rochester, NY 14604 |
| Mario J. Gabelli              | Chairman                                                                                     |
| Robert E. Dolan               | Interim President and Chief Executive Officer,<br>Chief Financial Officer                    |
| Thomas J. Hearity             | General Counsel                                                                              |
| (1) Citizen of Germany        |                                                                                              |

| SCHEDULE II                                         |           |                              |  |  |  |
|-----------------------------------------------------|-----------|------------------------------|--|--|--|
| INFORMATION WITH RESPECT TO                         |           |                              |  |  |  |
| TRANSACTIONS EFFECTED DURING THE PAST SIXTY DAYS OR |           |                              |  |  |  |
|                                                     |           | T FILING ON SCHEDULE 13D (1) |  |  |  |
| SHA                                                 | RES PURCH | IASED AVERAGE                |  |  |  |
| DATE                                                | SOLD(-)   | PRICE(2)                     |  |  |  |
| COMMON STOCK-BEL                                    | FUSE INC. |                              |  |  |  |
| GAMCO INVESTO                                       | ORS, INC. |                              |  |  |  |
| 12/14/07                                            | 5,000     | 34.4760                      |  |  |  |
| 11/28/07                                            | 500       | 34.9336                      |  |  |  |
| 11/27/07                                            | 800       | 33.8164                      |  |  |  |
| 11/20/07                                            | 500       | 34.0000                      |  |  |  |
| 11/01/07                                            | 3,600     | 34.4395                      |  |  |  |
| 10/31/07                                            | 900       | 34.6159                      |  |  |  |
| GABELLI FUNDS, LLC.                                 |           |                              |  |  |  |
| GABELLI SMALL CAP GROWTH FUND                       |           |                              |  |  |  |
| 11/01/07                                            | 3,700     | 34.4395                      |  |  |  |
| 10/31/07                                            | 800       | 34.6159                      |  |  |  |
| GABELLI EQUI                                        | TY TRUST  |                              |  |  |  |
| 12/04/07                                            | 1,400     | 33.7785                      |  |  |  |
| 12/03/07                                            | 1,300     | 33.8500                      |  |  |  |
| 11/27/07                                            | 2,600     | 33.5576                      |  |  |  |
| 11/26/07                                            | 400       | 33.7950                      |  |  |  |
| 11/19/07                                            | 2,300     | 33.8022                      |  |  |  |
| 11/16/07                                            |           | 33.7629                      |  |  |  |
| 11/05/07                                            | 700       | 33.7600                      |  |  |  |
|                                                     |           |                              |  |  |  |
|                                                     |           |                              |  |  |  |

(1) UNLESS OTHERWISE INDICATED, ALL TRANSACTIONS WERE EFFECTED ON THE NASDAQ STOCK MARKET.

(2) PRICE EXCLUDES COMMISSION.