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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Con	nmittee		Office Use Only
NAME OF COMMITTEE (in formatter)	TYPE OR PRIN	• –	xample: If typing, t ver the lines.	ype 12FE	4M5
BELL FOR SEN	IATE				I
ADDRESS (number and	street)				
▼ Check if diffe	rent				
than previous reported. (AC		PARK		NJ	07650
2. FEC IDENTIFIC	TION NUMBER ▼	CITY ▲		STATE A	ZIP CODE ▲
C C00558122		3. IS THIS REPORT	X NEW (N)	OR AM (A)	STATE ▼ DISTRICT
(a) Quarterly Rep	Quarterly Report (Q1)	(b) 12-Day PR	E-Election Report f Primary (12P) Convention (120	Gene	ral (12G) Runoff (12R)
	Quarterly Report (Q2)	Election or	M M / [) D / Y Y Y	in the State of
X January 3	31 Year-End Report (YE)	(c) 30-Day PO	ST-Election Report	for the:	
			General (30G)	Runo	ff (30R) Special (30S)
Termination	on Report (TER)	Election or	M M / [) D / Y Y Y	in the State of
5. Covering Period	M M / D D D D D D D D D D D D D D D D D	/ Y Y Y Y 2018	through	M M / D 31	2018
I certify that I have exa	amined this Report and t Datwyler, Th Treasurer		nowledge and beli	ef it is true, correc	t and complete.
Signature of Treasurer	Datwyler, Thomas, , ,		[Electronically Filed	Date	01
NOTE: Submission of fa	lse, erroneous, or incompl	ete information may	subject the person	signing this Report	to the penalties of 52 U.S.C. §30109
Office Use Only					FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name BELL FOR SENATE

2018 '12['] 10 2018 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 566349.88 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 200.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 566149.88 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 511383.76 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 511383.76 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 115.17 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 20649.33 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

BELL FOR SI	ENATE
--------------------	-------

10 01 2018 12 31 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 418104.93 (i) Itemized (use Schedule A)..... 83019.95 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 501124.88 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 65225.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 566349.88 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 35000.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 35000.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.08 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 601349.96 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	0.00	511383.76		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	35000.00		
	(b) Of All Other Loans	0.00	0.00		
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	35000.00		
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	200.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	200.00		
21.	OTHER DISBURSEMENTS	0.00	0.00		
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	546583.76		
	III. CASH SU	JMMARY			
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	115.17		
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00		
25.	SUBTOTAL (add Line 23 and Line 24)		115.17		
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00		
27.	CASH ON HAND AT CLOSE OF REPORTIN	G PERIOD	115.17		

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

PAGE 5 OF

FOR LINE NUMBER:
(check only one)

13a

		100
NAME OF COMMITTEE (In Full) BELL FOR SENATE		Transaction ID: SC/10.8296
LOAN SOURCE Full Name (Last, First, MBELL, JEFFREY, , , Mailing Address 132 CHRISTIE ST	iddle Initial)	☐ Memo Item ☐ Election: 2014 ☐ Primary ☐ General ☐ Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
LEONIA	NJ	07605
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 1000.00 500.00
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M04M / D16D / Y Ž01Š Y	M M / D D	/ Y12/31/2015
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		500.00
TOTALS This Period (last page in this line on	ly)	
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

		1 35
NAME OF COMMITTEE (In Full) BELL FOR SENATE		Transaction ID : SC/10.9121
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	Memo Item Election: 2014
BELL, JEFFREY, , ,	idaio iiiilai)	Memo Item Primary General
Mailing Address 132 CHRISTIE ST		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
LEONIA	NJ	07605
Original Amount of Loan	Cumulative Pa	lyment To Date Balance Outstanding at Close of This Period
500.00		0.00 500.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
MO4 ^M / D12 ^D / Y Ž016 Y	M M / D D	0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line or	ıly)	-
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

13a 13b

OF

				130
NAME OF COMMITTEE (In Full) BELL FOR SENATE			Transact	tion ID : SC/10.9119
LOAN SOURCE Full Name (Last, First, Mid	ldle Initial)		Memo Item	Election: 2014
BELL, JEFFREY, , ,		L '	Wichio Rom	Primary
				x General
Mailing Address 132 CHRISTIE ST				Other (specify) ▼
132 OF INTOTIL OF				
City	State	ZIP Code		
LEONIA	NJ	07605		Personal Funds of the Candidate
	Ourse dating Day		Dalas	Outstanding at Olsse of This Desiral
Original Amount of Loan	Cumulative Pay	ment to Date	Dalai	nce Outstanding at Close of This Period
1100.00		0.00	. 11.	1100.00
	,			
TERMS Date Incurred	Ľ		nterest Rate If none, enter	
^M 05 ^M / ^D 24 ^D / ^Y Ž016 Y	M M / D D	′ [°] 12/31/2016 [°]	0.0	
List All Endorsers or Guarantors (if any) to	o Loan Source			
Full Name (Last, First, Middle Initial)	2 Louis Course	Name of Emp	loyer	
Mailing Address		Occupation		
		A		
	770 0 1	Amount Guaranteed		
City	ZIP Code	Outstanding:		7
2. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
		Amount Guaranteed		
City	ZIP Code	Outstanding:		7
3. Full Name (Last, First, Middle Initial)		Name of Emp	lover	
5. Full Name (Last, First, Middle Initial)		Name of Emp	loyei	
Mailing Address		Occupation		
	1	Amount		
City	ZIP Code	Guaranteed Outstanding:		7
4. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
		A		
City State	ZIP Code	Amount Guaranteed		
Olly	Zii Gode	Outstanding:		7
		l .		
CURTOTAL & This Devied This Dags (entional)				
SUBTOTALS This Period This Page (optional)			<u> </u>	1100.00
TOTALS This Period (last page in this line only	·)			
	,		· L	
Carry outstanding balance only to LINE 3, Sch	edule D, for this	line. If no Schedule D	, carry forw	vard to appropriate line of Summary.

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

PAGE FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.9137 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary BELL, JEFFREY, , , General X Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code X Personal Funds of the Candidate NJ 07605 **LEONIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 600.00 0.00 600.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D10^D ^M80^M ž016 Y12/31/2016 Y % (apr) No List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 600.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

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OF

NAME OF COMMITTEE (In Full) BELL FOR SENATE		Transaction ID : SC/10.9138
LOAN SOURCE Full Name (Last, First, BELL, JEFFREY, , ,	Middle Initial)	Memo Item Election: 2014 Primary General
Mailing Address 132 CHRISTIE ST		Other (specify) ▼
City	State	ZIP Code 07605 Personal Funds of the Candidate
Original Amount of Loan		yment To Date Balance Outstanding at Close of This Period
600.00		0.00 600.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M09 ^M / P06 ^D / Y Ž016 Y	M M / D D	/ Y12/31/2016
List All Endorsers or Guarantors (if any 1. Full Name (Last, First, Middle Initial)	y) to Loan Source	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed
City State 2. Full Name (Last, First, Middle Initial)	ZIP Code	Outstanding:
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option:	al)	600.00
TOTALS This Period (last page in this line of	only)	
Carry outstanding balance only to LINE 3.	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 10 FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.9149 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary BELL, JEFFREY, , , General X Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code X Personal Funds of the Candidate NJ 07605 **LEONIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D11 ^D ž016 Y12/31/2016 Y % (apr) No List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

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OF

						130	
	ME OF COMMITTEE (In Full) ELL FOR SENATE				Tran	saction ID : SC/10.9158	
Ч	LOAN SOURCE Full Name (Last,	First Mic	Idle Initial)			Election: 2014	
	BELL, JEFFREY, , ,				∐ Memo Ite	Primary General	
	Mailing Address 132 CHRISTIE ST					Other (specify)	
	City		State	ZIP Co	de	Personal Funds of the Candidate	
	LEONIA		NJ	07605			
	Original Amount of Loan		Cumulative Pay	yment To	Date E	Balance Outstanding at Close of This Period	
	1000	0.00			0.00	1000.00	
	TERMS Date Incurred		С	ate Due	Interest F (If none, e		
	M11M / D21D / Y Ž016	Y	M M / D D	/ ^Y 12	2/31/2016 ^Y	0.00 % (apr) Yes No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7	
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
		.			Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9 9	
SI	UBTOTALS This Period This Page (optional)			<u> </u>	1000.00	
T	OTALS This Period (last page in this	s line only	v)		······•		
С	carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry f	orward to appropriate line of Summary.	

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

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OF

						130
	ME OF COMMITTEE (In Full) ELL FOR SENATE				Transa	action ID : SC/10.9170
	LOAN SOURCE Full Name (Last, BELL, JEFFREY, , , Mailing Address 132 CHRISTIE ST	First, Mic	ldle Initial)		☐ Memo Iten	Primary General Other (specify)
	City		de			
	LEONIA		NJ	07605		Personal Funds of the Candidate
	Original Amount of Loan		Cumulative Pag	yment To	Date Ba	lance Outstanding at Close of This Period
	1000	0.00	3		0.00	1000.00
Ī	TERMS Date Incurred		C	Date Due	Interest Ra (If none, ent	
	M03 ^M / D20 ^D / Y Ž017	Y	M M / D D	/ Y12	2/31/2017 ^Y	0.00 % (apr) Yes No
	List All Endorsers or Guarantors	(if any) to	o Loan Source			
	1. Full Name (Last, First, Middle	Initial)			Name of Employer	
	Mailing Address				Occupation	
	011	101.1	710.0		Amount Guaranteed	
	City	State	ZIP Code			9 9
	2. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
	Mailing Address				Occupation	
-	0.11	0	710.0		Amount Guaranteed	
	City	State	ZIP Code			7
	3. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
	Mailing Address				Occupation	
	Cit.	Ctata	ZIP Code		Amount Guaranteed	
	City	State	ZIP Code		Outstanding:	7 7 7
	4. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
	Mailing Address				Occupation	
	City	State	ZIP Code		Amount Guaranteed	
	City	State	ZIP Code		Outstanding:	9 9
SU	IBTOTALS This Period This Page (optional)				1000.00
						7
10	TALS This Period (last page in this	s line only	<u> </u>			<u> </u>
Ca	arry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry for	rward to appropriate line of Summary.

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

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					130	
IAME OF COMMITTEE (In Full) BELL FOR SENATE				Transa	action ID : SC/10.9179	
LOAN SOURCE Full Name (Last, F	irst, Mido	dle Initial)		Memo Iten	Election: 2014	
BELL, JEFFREY, , ,		,			X Primary	
BEEE, SELLIKET, , ,					General	
Mailing Address 132 CHRISTIE ST					Other (specify) \blacktriangledown	
132 CHRISTIE 31						
City	(State	ZIP Co	de		
LEONIA		NJ	07605		Personal Funds of the Candidate	
LEGINIX			0.000			
Original Amount of Loan		Cumulative Pay	ment To	Date Ba	lance Outstanding at Close of This Period	
205.0	00			0.00	205.00	
7 7		7		0.00	200.00	
TERMS Date Incurred		D	ate Due	Interest Ra		
	v .	Tul (la la		(If none, ent	·	
M06M / D13D / Y Ž01Ť	Y	- м / В - В	/ \\ 12	2/31/2018 ^Y	0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (i	f any) to	Loan Source				
1. Full Name (Last, First, Middle Ini	itial)			Name of Employer		
Mailing Address				Occupation		
200	<u> </u>	770 0 1		Amount Guaranteed		
City	State	ZIP Code			7	
2. Full Name (Last, First, Middle Init	ial)			Name of Employer		
Mailing Address				Occupation		
Walling Address						
				Amount		
City	State	ZIP Code		Guaranteed	7 1 7 1 7	
				Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
3. Full Name (Last, First, Middle Init	ial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7	
4 Full Name (Leat First Middle Init	: - 1\			Name of Employer		
4. Full Name (Last, First, Middle Init	iai)			Name of Employer		
Mailing Address				Occupation		
Maining / Idanoss				Сосиранон		
				Amount		
City	State	ZIP Code		Guaranteed		
				Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
SUBTOTALS This Period This Page (or	otional)				205.00	
					205.00	
TOTALS This Period (last page in this	line only)					
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Carry outstanding balance only to LINI	E 3, Sche	edule D, for this	line. If	no Schedule D, carry for	rward to appropriate line of Summary.	
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.9190 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary BELL, JEFFREY, , , General Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code X Personal Funds of the Candidate NJ 07605 **LEONIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D03D M80^M ž017 Y12/31/2018 Y % (apr) No List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

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OF

					130
NAME OF COMMITTEE (In Full) BELL FOR SENATE				Transa	action ID : SC/10.9201
LOAN SOURCE Full Name (Last, First	st, Middle	Initial)		Memo Iten	Election: 2014
BELL, JEFFREY, , ,				INICINO IICII	Primary
					✗ General
Mailing Address 132 CHRISTIE ST					Other (specify) ▼
132 Griderie Gr					
City	Sta	ate	ZIP Co	de	
LEONIA		٧J	07605		Personal Funds of the Candidate
2201111			0.000		
Original Amount of Loan	C	Sumulative Pay	ment To	Date Ba	lance Outstanding at Close of This Period
500.00)			0.00	500.00
9 9		7			9 9
TERMS Date Incurred		D	ate Due	Interest Ra	
		M / D D	, ,	(If none, ent	o.00
M09M / P11 / Y Z017 Y	M	M / D D	/ 12	2/31/2018 ^Y	$ \mathbf{a} \cdot \mathbf{X} \cdot \mathbf{X} $
List All Endorsers or Guarantors (if	any) to L	oan Source			
1. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
				A t	
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City	tate 2	ZIP Code			9
2. Full Name (Last, First, Middle Initial	ıl)			Name of Employer	
Mailing Address				Occupation	
Maining Address					
				Amount	
City	tate 2	ZIP Code		Guaranteed Outstanding:	7
				Outstanding.	, , , , , , , , , , , , , , , , , , , ,
3. Full Name (Last, First, Middle Initial	ıl)			Name of Employer	
Mailing Address				Occupation	
Ivialility Address				Occupation	
				Amount	
City St.	tate	ZIP Code		Guaranteed	
				Outstanding:	,
4. Full Name (Last, First, Middle Initial	ıl)			Name of Employer	
Mailing Address				Occupation	
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City	tate 2	ZIP Code		Amount Guaranteed	
City	iaic	Zii Oodc		Outstanding:	7
					
SUBTOTALS This Period This Page (opti	ional)			••••••	500.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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Transaction ID: SC/10.9208 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary BELL, JEFFREY, , , General Mailing Address 132 CHRISTIE ST Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate NJ 07605 **LEONIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D27^D M 11M ž017 Y12/31/2018 Y % (apr) No List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)------500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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13b Transaction ID: SC/10.9210 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary BELL, JEFFREY, , , General Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code X Personal Funds of the Candidate NJ 07605 **LEONIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D08D M01M Ž018 Y12/31/2018 Y % (apr) No List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Transaction ID: SC/10.9211 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary BELL, JEFFREY, , , General Mailing Address 132 CHRISTIE ST Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate NJ 07605 **LEONIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D16^D M01M Ž018 Y12/31/2018 Y % (apr) No List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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X 13b Transaction ID: SC/10.9145 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Danker, Rich, , , General X Mailing Address 4390 Lorcom Ln. Other (specify) Apt 202 City State ZIP Code Personal Funds of the Candidate VA 22207 Arlington Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 368.00 240.00 128.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D26^D M 07M ž016 Y12/31/2016 Y % (apr) No List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 128.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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13a Detailed Summary Page X 13b Transaction ID: SC/10.9226 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Danker, Rich, , , General X Mailing Address 4390 Lorcom Ln. Other (specify) Apt 202 City State ZIP Code Personal Funds of the Candidate VA 22207 Arlington Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 959.06 0.00 959.06 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D10^D M09M Ž018 Y12/31/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 959.06 TOTALS This Period (last page in this line only) 9592.06 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

1)

2)

3)

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ME OF COMMITTEE (In Full) BELL FOR SENATE			
A. Full Name (Last, First, Middle Initial) of De Capital One	Nature of Debt (Purpose): Credit Card Debt		
Mailing Address PO Box 71083			
City	State	Zip Code	
Charlotte	NC	28272	
Outstanding Balance Beginning This Period			Transaction ID : SD10.5743
3381.56			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	3381.56
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Capital One			Credit Card Debt
Mailing Address PO Box 71083			
City	State	Zip Code	
Charlotte	NC	28272	
Outstanding Balance Beginning This Period			Transaction ID : SD10.9185
7675.71			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	7675.71
C. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	ditor	I (5(5)
			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
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SUBTOTALS This Period This Page (optional)		11057.27
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TOTAL OUTSTANDING LOANS from Schedule C (last page only)			9592.06
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) 20649.33			

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(Use separate schedule(s)

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