

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SENATE
2017 JAN 24 PM 12:12
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.
BELL FOR SENATE

12FE4M5

ADDRESS (number and street)
PO BOX 31
Check if different than previously reported. (ACC)
PALISADES PARK NJ 07650
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER
C C00558122
3. IS THIS REPORT NEW (N) OR AMENDED (A)
STATE DISTRICT
NJ 00

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)
(b) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on MM/DD/YYYY in the State of
(c) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY
10/01/2016 through 12/31/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Danker, Rich, Asst Treasurer
Signature of Treasurer *Rich Danker* Date 01/02/2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

201701240200017161

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 17

Write or Type Committee Name
BELL FOR SENATE

Report Covering the Period: From:

| | |
|----|---|
| M | M |
| 10 | |

 /

| | |
|----|---|
| D | D |
| 01 | |

 /

| | | | |
|------|---|---|---|
| Y | Y | Y | Y |
| 2016 | | | |

 To:

| | |
|----|---|
| M | M |
| 12 | |

 /

| | |
|----|---|
| D | D |
| 31 | |

 /

| | | | |
|------|---|---|---|
| Y | Y | Y | Y |
| 2016 | | | |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) .. | 0.00 | 566349.88 |
| (b) Total Contribution Refunds (from Line 20(d)) .. | 0.00 | 200.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ... | 0.00 | 566149.88 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) .. | 1514.00 | 511383.76 |
| (b) Total Offsets to Operating Expenditures (from Line 14)... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ... | 1514.00 | 511383.76 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)... | 74.60 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)... | 13366.63 | |

For further information contact:

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

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

201701240200017162

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
BELL FOR SENATE

Report Covering the Period: From:

| | |
|----|---|
| M | M |
| 10 | |

 /

| | |
|----|---|
| D | D |
| 01 | |

 /

| | | | | | |
|------|---|---|---|---|---|
| Y | Y | Y | Y | Y | Y |
| 2016 | | | | | |

 To:

| | |
|----|---|
| M | M |
| 12 | |

 /

| | |
|----|---|
| D | D |
| 31 | |

 /

| | | | | | |
|------|---|---|---|---|---|
| Y | Y | Y | Y | Y | Y |
| 2016 | | | | | |

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

0.00

418104.93

(ii) Unitemized.....

0.00

83019.95

(iii) TOTAL of contributions from individuals .

0.00

501124.88

(b) Political Party Committees...

0.00

0.00

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

0.00

65225.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

0.00

566349.88

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

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

1500.00

35000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

1500.00

35000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

0.00

0.00

15. OTHER RECEIPTS

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

0.00

0.08

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

1500.00

601349.96

201701240200017163

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES... | 1514.00 | 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) ▶ | 1514.00 | 546583.76 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD... | 88.60 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)... | 1500.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)... | 1588.60 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)... | 1514.00 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)... | 74.60 |

201701240200017164

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 17

11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
BELL FOR SENATE

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

Mailing Address 132 CHRISTIE ST

City LEONIA State NJ Zip Code 07605

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

Name of Employer Bell for Senate Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
7550.00

Date of Receipt
MM / DD / YYYY
10 / 11 / 2016

Transaction ID : SA13A.9149

Amount of Each Receipt this Period
500.00

Memo Item
 Candidate Loan

B. Full Name (Last, First, Middle Initial)
BELL, JEFFREY, , ,

Mailing Address 132 CHRISTIE ST

City LEONIA State NJ Zip Code 07605

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

Name of Employer Bell for Senate Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
8550.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2016

Transaction ID : SA13A.9158

Amount of Each Receipt this Period
1000.00

Memo Item
 Candidate Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

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

1500.00

1500.00

201701240200017165

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

| | | | | |
|--|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Capital One | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016 | |
| Mailing Address PO Box 71083 | | | FEC Identification Number C00558122 | |
| City Charlotte | State NC | Zip Code 28272 | Amount of Each Disbursement this Period 370.00 | |
| Purpose of Disbursement Credit Card Payment | | Category/ Type 009 | Transaction ID : SB17.9153 | |
| Candidate Name BELL FOR SENATE | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: NJ | District: 00 | | | |

| | | | | |
|--|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Capital One | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2016 | |
| Mailing Address PO Box 71083 | | | FEC Identification Number C00558122 | |
| City Charlotte | State NC | Zip Code 28272 | Amount of Each Disbursement this Period 766.00 | |
| Purpose of Disbursement Credit Card Payment | | Category/ Type 009 | Transaction ID : SB17.9157 | |
| Candidate Name BELL FOR SENATE | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: NJ | District: 00 | | | |

| | | | | |
|--|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Chase | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2016 | |
| Mailing Address PO Box 15123 | | | FEC Identification Number C00558122 | |
| City Wilmington | State DE | Zip Code 19850 | Amount of Each Disbursement this Period 161.00 | |
| Purpose of Disbursement Credit Card Payment | | Category/ Type 009 | Transaction ID : SB17.9152 | |
| Candidate Name BELL FOR SENATE | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: NJ | District: 00 | | | |

SUBTOTAL of Disbursements This Page (optional) ... 1297.00

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

201701240200017166

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 17 |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b |
| | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Chase | | Date of Disbursement MM / DD / YYYY 11 / 21 / 2016 |
| Mailing Address PO Box 15123 | | FEC Identification Number C00558122 |
| City Wilmington | State DE | Zip Code 19850 |
| Purpose of Disbursement Credit Card Payment | Category/Type 009 | Amount of Each Disbursement this Period 172.00 |
| Candidate Name BELL FOR SENATE | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: NJ | District: 00 | Transaction ID : SB17.9156 <input type="checkbox"/> Memo Item |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Wells Fargo | | Date of Disbursement MM / DD / YYYY 10 / 31 / 2016 |
| Mailing Address 2213 North Glebe Road | | FEC Identification Number C00558122 |
| City Arlington | State VA | Zip Code 22207 |
| Purpose of Disbursement Bank Fees | Category/Type 001 | Amount of Each Disbursement this Period 14.00 |
| Candidate Name BELL FOR SENATE | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: NJ | District: 00 | Transaction ID : SB17.9150 <input type="checkbox"/> Memo Item |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Wells Fargo | | Date of Disbursement MM / DD / YYYY 11 / 08 / 2016 |
| Mailing Address 2213 North Glebe Road | | FEC Identification Number C00558122 |
| City Arlington | State VA | Zip Code 22207 |
| Purpose of Disbursement Bank Fees | Category/Type 001 | Amount of Each Disbursement this Period 3.00 |
| Candidate Name BELL FOR SENATE | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: NJ | District: 00 | Transaction ID : SB17.9151 <input type="checkbox"/> Memo Item |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional)... | 189.00 |
| TOTAL This Period (last page this line number)... | |

201701240200017167

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

| | | | | |
|--|--|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Wells Fargo | | | Date of Disbursement MM / DD / YYYY 11 / 30 / 2016 | |
| Mailing Address 2213 North Glebe Road | | | FEC Identification Number C00558122 | |
| City Arlington | State VA | Zip Code 22207 | Amount of Each Disbursement this Period 14.00 | |
| Purpose of Disbursement Bank Fees | | Category/ Type 001 | Transaction ID : SB17.9154 | |
| Candidate Name BELL FOR SENATE | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: NJ | District: 00 | | | |

| | | | | |
|--|--|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Wells Fargo | | | Date of Disbursement MM / DD / YYYY 12 / 30 / 2016 | |
| Mailing Address 2213 North Glebe Road | | | FEC Identification Number C00558122 | |
| City Arlington | State VA | Zip Code 22207 | Amount of Each Disbursement this Period 14.00 | |
| Purpose of Disbursement Bank Fees | | Category/ Type 001 | Transaction ID : SB17.9155 | |
| Candidate Name BELL FOR SENATE | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: NJ | District: 00 | | | |

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

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)... | 28.00 |
| TOTAL This Period (last page this line number only)... | 1514.00 |

201701240200017168

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.8296**

LOAN SOURCE Full Name (Last, First, Middle Initial) **BELL, JEFFREY,** Memo Item
 Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 132 CHRISTIE ST

City **LEONIA** State **NJ** ZIP Code **07605**
 Personal Funds of the Candidate

Original Amount of Loan **1500.00** Cumulative Payment To Date **1000.00** Balance Outstanding at Close of This Period **500.00**

TERMS Date Incurred **04^M / 16^D / 2015^Y** Date Due **12/31/2015^Y** Interest Rate (If none, enter 0) **0.00** % (apr) Secured: Yes No

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

| | |
|--|--|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |

SUBTOTALS This Period This Page (optional)... **500.00**
TOTALS This Period (last page in this line)...

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

201701240200017169

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Transaction ID : SC/10.9121

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

Memo Item

Election: 2014

Primary

General

Other (specify) ▼

BELL, JEFFREY,

Mailing Address
132 CHRISTIE ST

City
LEONIA

State
NJ

ZIP Code
07605

Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 12 D

Y 2016 Y

M M

D D

Y 12/31/2016 Y

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)...

500.00

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

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

201701240200017170

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : SC/10.9119

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item **BELL, JEFFREY,** Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address 132 CHRISTIE ST

City LEONIA State NJ ZIP Code 07605 Personal Funds of the Candidate

Original Amount of Loan **1100.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **1100.00**

TERMS Date Incurred **05^M / 24^D / 2016^Y** Date Due **12/31/2016^Y** Interest Rate (If none, enter 0) **0.00** % (apr) Secured: Yes No

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

| | |
|--|--|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |

SUBTOTALS This Period This Page (optional)... **1100.00**

TOTALS This Period (last page in this line only) .. **1100.00**

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

201701240200017171

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9137**

LOAN SOURCE Full Name (Last, First, Middle Initial) **BELL, JEFFREY,** Memo Item Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address **132 CHRISTIE ST**

City **LEONIA** State **NJ** ZIP Code **07605** Personal Funds of the Candidate

Original Amount of Loan **600.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **600.00**

TERMS Date Incurred **08^M / 10^D / 2016^Y** Date Due **12/31/2016^Y** Interest Rate (If none, enter 0) **0.00** % (apr) Secured: Yes No

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

| | |
|--|--|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |

SUBTOTALS This Period This Page (optional) ... ▶ **600.00**

TOTALS This Period (last page in this line only) .. ▶ **600.00**

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

201701240200017172

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9138**

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item **BELL, JEFFREY,** Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 132 CHRISTIE ST

City **LEONIA** State **NJ** ZIP Code **07605** Personal Funds of the Candidate

Original Amount of Loan **600.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **600.00**

TERMS Date Incurred **09/06/2016** Date Due **12/31/2016** Interest Rate (If none, enter 0) **0.00** % (apr) Secured: Yes No

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

| | |
|--|--|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 600.00 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 600.00 |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 600.00 |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 600.00 |

SUBTOTALS This Period This Page (optional)... **600.00**

TOTALS This Period (last page in this line only) .. **600.00**

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

201701240200017173

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9149**

LOAN SOURCE Full Name (Last, First, Middle Initial) **BELL, JEFFREY,** Memo Item

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 132 CHRISTIE ST

City **LEONIA** State **NJ** ZIP Code **07605**

Personal Funds of the Candidate

Original Amount of Loan **500.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **500.00**

TERMS Date Incurred **10/11/2016** Date Due **12/31/2016** Interest Rate (If none, enter 0) **0.00** % (apr) Secured: Yes No

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

| | |
|--|--|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 500.00 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |

SUBTOTALS This Period This Page (optional)... **500.00**

TOTALS This Period (last page in this line) .. **500.00**

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

201701240200017174

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9158**

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item **BELL, JEFFREY,** Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
132 CHRISTIE ST

City **LEONIA** State **NJ** ZIP Code **07605** Personal Funds of the Candidate

Original Amount of Loan **1000.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **1000.00**

TERMS Date Incurred **11/21/2016** Date Due **12/31/2016** Interest Rate (If none, enter 0) **0.00** % (apr) Secured: Yes No

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

| | |
|--|--|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |

SUBTOTALS This Period This Page (optional)... **1000.00**

TOTALS This Period (last page in this line only) .. **0.00**

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

201701240200017175

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9145**

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item **Danker, Rich,** Election: 2014

Mailing Address 4390 Lorcom Ln. Apt 202 Primary General Other (specify) ▼

City Arlington State VA ZIP Code 22207 Personal Funds of the Candidate

Original Amount of Loan **368.00** Cumulative Payment To Date **240.00** Balance Outstanding at Close of This Period **128.00**

TERMS Date Incurred **07^M / 26^D / 2016^Y** Date Due **12/31/2016^Y** Interest Rate (If none, enter 0) **0.00** % (apr) Secured: Yes No

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

| | |
|--|--|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 0.00 |

SUBTOTALS This Period This Page (optional)... **128.00**

TOTALS This Period (last page in this line only) -- **4928.00**

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

201701240200017176

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
BELL FOR SENATE

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

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 5922.79 | Transaction ID : SD10.5743 | |
| Amount Incurred This Period 0.00 | Payment This Period 1136.00 | Outstanding Balance at Close of This Period 4786.79 |

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

| | | |
|---|--------------------------------------|---|
| Outstanding Balance Beginning This Period 3984.84 | Transaction ID : SD10.8167 | |
| Amount Incurred This Period 0.00 | Payment This Period 333.00 | Outstanding Balance at Close of This Period 3651.84 |

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

| | | |
|---|---------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |

| | |
|---|-----------------|
| 1) SUBTOTALS This Period This Page (optional) ... | 8438.63 |
| 2) TOTALS This Period (last page this line number only) ... | 8438.63 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ... | 4928.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ... | 13366.63 |

201701240200017177



January 18, 2017 12:16

Page: 1

Receipt #: 2134203628

VISA #:

2017/01/18 12:15

| Qty | Description | Amount |
|-----|-------------------------------|--------------|
| 17 | PNG Color S/S 8.5x11 & 8.5x14 | 11.73 |
| | SubTotal | 11.73 |
| | Taxes | 0.67 |
| | Total | 12.40 |

The Cardholder agrees to pay the Issuer of the charge card in accordance with the agreement between the Issuer and the Cardholder.

FedEx Office Print & Ship Centers

1850 M Street NW
Washington, DC 20036
202-223-0197
www.FedExOffice.com

Tell us how we're doing and receive
20% off your next \$35 print order
fedex.com/welisten or 1-800-398-0242
Offer Code: _____ Offer expires 06/30/2017

Get your message out in a big way with
everything from full-color banners to
photo-quality posters, yard signs,
auto magnets and more.

Please Recycle This Receipt

201701240200017178

Faxed

or

Hand Delivered

201701240200017179

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 1/24/17
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

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

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

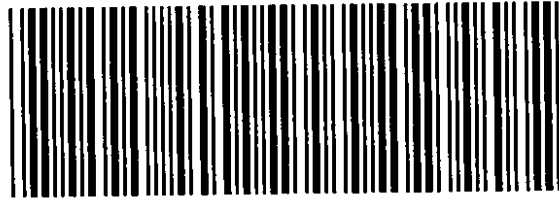
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

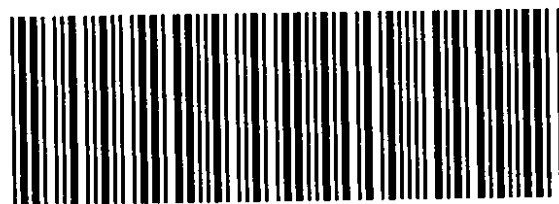
OTHER _____
Date of Receipt or Postmark

PREPARER HB DATE PREPARED 1/24/17

201701240200017180



SEN PATCH



SEN PATCH

1015012492060171