

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 JAN 10 PM 12: 14

Office Use Only

FEC
FORM 3

REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

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

12FE4M5

BELL FOR SENATE

ADDRESS (number and street)

PO BOX 31

Check if different than previously reported. (ACC)

PALISADES PARK

NJ

07650

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
10 / 01 / 2017

through

MM / DD / YYYY
12 / 31 / 2017

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

Datwyler, Thomas, .

Type or Print Name of Treasurer

Signature of Treasurer

Datwyler, Thomas, .

Date

MM / DD / YYYY
01 / 10 / 2018

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

Office
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Only

FEC FORM 3
(Revised 05/2016)

201801100200001295

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name
BELL FOR SENATE

Report Covering the Period: From:

M	M
10	

 /

D	D
01	

 /

Y	Y	Y	Y
2017			

 To:

M	M
12	

 /

D	D
31	

 /

Y	Y	Y	Y
2017			

	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)) ..	<table border="1"><tr><td>0.00</td></tr></table>	0.00	<table border="1"><tr><td>566349.88</td></tr></table>	566349.88
0.00				
566349.88				
(b) Total Contribution Refunds (from Line 20(d)) ..	<table border="1"><tr><td>0.00</td></tr></table>	0.00	<table border="1"><tr><td>200.00</td></tr></table>	200.00
0.00				
200.00				
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..	<table border="1"><tr><td>0.00</td></tr></table>	0.00	<table border="1"><tr><td>566149.88</td></tr></table>	566149.88
0.00				
566149.88				
7. Net Operating Expenditures				
(a) Total Operating Expenditures (from Line 17) ..	<table border="1"><tr><td>606.00</td></tr></table>	606.00	<table border="1"><tr><td>511383.76</td></tr></table>	511383.76
606.00				
511383.76				
(b) Total Offsets to Operating Expenditures (from Line 14)...	<table border="1"><tr><td>0.00</td></tr></table>	0.00	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00				
0.00				
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	<table border="1"><tr><td>606.00</td></tr></table>	606.00	<table border="1"><tr><td>511383.76</td></tr></table>	511383.76
606.00				
511383.76				
8. Cash on Hand at Close of Reporting Period (from Line 27)...	<table border="1"><tr><td>233.95</td></tr></table>	233.95		
233.95				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	<table border="1"><tr><td>0.00</td></tr></table>	0.00		
0.00				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	<table border="1"><tr><td>20703.11</td></tr></table>	20703.11		
20703.11				

For further information contact:

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

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

201801100200001206

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 21

Write or Type Committee Name

BELL FOR SENATE

Report Covering the Period: From:

M	M
10	

 /

D	D
01	

 /

Y	Y	Y	Y
2017			

 To:

M	M
12	

 /

D	D
31	

 /

Y	Y	Y	Y
2017			

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)(iii), (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...

500.00

35000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

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

500.00

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)...

500.00

601349.96

201801190200001207

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	606.00	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) ▶	606.00	546583.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	339.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	500.00
25. SUBTOTAL (add Line 23 and Line 24)...	839.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	606.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	233.95

201601100200001208

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

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

FOR LINE NUMBER: PAGE 5 OF 21
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BELL FOR SENATE

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

A. Mailing Address **132 CHRISTIE ST**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 27 / 2017

Transaction ID : **SA13A.9208**

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

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

Amount of Each Receipt this Period
500.00

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

Receipt For: 2014
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
11255.00

Memo Item
 Candidate Loan

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

Mailing Address

City State Zip Code

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

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Memo Item

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

Mailing Address

City State Zip Code

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

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Memo Item

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

201801100200001209

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

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

A. Chase

Full Name (Last, First, Middle Initial)
Chase

Date of Disbursement: 10 / 11 / 2017

Mailing Address PO Box 15123

City: Wilmington, State: DE, Zip Code: 19850

Purpose of Disbursement: Credit Card Payment, Category/Type: 001

Candidate Name: BELL FOR SENATE

Office Sought: Senate, Disbursement For: 2014, Primary

State: NJ, District: 00

FEC Identification Number: C00558122

Amount of Each Disbursement this Period: 298.00

Transaction ID: SB17.9207

Memo Item

B. Chase

Full Name (Last, First, Middle Initial)
Chase

Date of Disbursement: 11 / 30 / 2017

Mailing Address PO Box 15123

City: Wilmington, State: DE, Zip Code: 19850

Purpose of Disbursement: Credit Card Payment, Category/Type: 001

Candidate Name: BELL FOR SENATE

Office Sought: Senate, Disbursement For: 2014, Primary

State: NJ, District: 00

FEC Identification Number: C00558122

Amount of Each Disbursement this Period: 278.00

Transaction ID: SB17.9206

Memo Item

c. Wells Fargo

Full Name (Last, First, Middle Initial)

Date of Disbursement: 10 / 31 / 2017

Mailing Address 2213 North Glebe Road

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

Purpose of Disbursement: Bank Fees, Category/Type: 001

Candidate Name: BELL FOR SENATE

Office Sought: Senate, Disbursement For: 2014, Primary

State: NJ, District: 00

FEC Identification Number: C00558122

Amount of Each Disbursement this Period: 10.00

Transaction ID: SB17.9205

Memo Item

SUBTOTAL of Disbursements This Page (optional) ... 586.00

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

201801100200001210

**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

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

NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. Wells Fargo			Date of Disbursement MM / DD / YYYY 11 / 30 / 2017		
Mailing Address 2213 North Glebe Road			FEC Identification Number C C00558122		
City Arlington	State VA	Zip Code 22207	Purpose of Disbursement Bank Fees		
Candidate Name BELL FOR SENATE		Category/ Type 001			
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Amount of Each Disbursement this Period 10.00		
State: NJ District: 00	<input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.9204		
			<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Wells Fargo			Date of Disbursement MM / DD / YYYY 12 / 29 / 2017		
Mailing Address 2213 North Glebe Road			FEC Identification Number C C00558122		
City Arlington	State VA	Zip Code 22207	Purpose of Disbursement Bank Fees		
Candidate Name BELL FOR SENATE		Category/ Type 001			
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Amount of Each Disbursement this Period 10.00		
State: NJ District: 00	<input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.9203		
			<input type="checkbox"/> Memo Item		

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

SUBTOTAL of Disbursements This Page (optional)...	20.00
TOTAL This Period (last page this line number only)...	606.00

201801100200001211

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,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 132 CHRISTIE ST			
City LEONIA	State NJ	ZIP Code 07605	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 16 / Y 2015	M M / D D / Y 12/31/2015	.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

201801100200001212

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9121**

LOAN SOURCE Full Name (Last, First, Middle Initial) BELL, JEFFREY,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 132 CHRISTIE ST			
City LEONIA	State NJ	ZIP Code 07605	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (if none, enter 0)	Secured:
	M 04 / D 12 / Y 2016	M M / D D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 only) ..	[]

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

201801100200001213

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) BELL, JEFFREY,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 132 CHRISTIE ST			
City LEONIA	State NJ	ZIP Code 07605	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (if none, enter 0)	Secured:
	M 05 / D 24 / Y 2016	M M / D D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)...	1100.00
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.

201801100200001214

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) 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 **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: <input type="text"/>		
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>		
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>		
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>		

SUBTOTALS This Period This Page (optional)...

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.

201801100200001215

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) BELL, JEFFREY,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 132 CHRISTIE ST			
City LEONIA	State NJ	ZIP Code 07605	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (if none, enter 0)	Secured:
	M 09 / D 06 / Y 2016	M M / D D / Y 12/31/2016	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)...	▶ <input type="text" value="600.00"/>
TOTALS This Period (last page in this line only)...	▶ <input type="text"/>

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

201801100200001216

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,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 132 CHRISTIE ST			
City LEONIA	State NJ	ZIP Code 07605	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (if none, enter 0)	Secured:
	M 10 / D 11 / Y 2016	M M / D D / Y 12/31/2016	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 only) ...	

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

201801100200001217

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) BELL, JEFFREY,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 132 CHRISTIE ST			
City LEONIA	State NJ	ZIP Code 07605	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (if none, enter 0)	Secured:
	M 11 / D 21 / Y 2016	M M / D D / Y 12/31/2016	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)...	1000.00
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.

201801100200001218

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9170**

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

Mailing Address
 132 CHRISTIE ST

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

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

TERMS Date Incurred Date Due Interest Rate (if none, enter 0) Secured:
 M 03 / D 20 / Y 2017 M M / D D / Y 12/31/2017 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)... ▶▶ 1000.00

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.

201801100200001219

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9179**

LOAN SOURCE Full Name (Last, First, Middle Initial) BELL, JEFFREY,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 132 CHRISTIE ST			
City LEONIA	State NJ	ZIP Code 07605	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
205.00	0.00	205.00

TERMS	Date Incurred	Date Due	Interest Rate (if none, enter 0)	Secured:
	M 06 / D 13 / Y 2017	M M / D D / Y 12/31/2018	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)...	205.00
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.

201601100200001220

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/10.9190**

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

Date Due

Interest Rate
(if none, enter 0)

Secured:

M 08 M /

D 03 D /

Y 2017 Y

M M /

D D /

Y 12/31/2018 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 only)...

→

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

201801109209001221

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9201**

LOAN SOURCE Full Name (Last, First, Middle Initial) BELL, JEFFREY,			<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 132 CHRISTIE ST				
City LEONIA	State NJ	ZIP Code 07605	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

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 (if none, enter 0)	Secured:
	M 09 / D 11 / Y 2017	M M / D D / Y 12/31/2018	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 only) ..	[]

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

20180110920001222

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9208**

LOAN SOURCE Full Name (Last, First, Middle Initial) BELL, JEFFREY,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 132 CHRISTIE ST			
City LEONIA	State NJ	ZIP Code 07605	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	Secured:
	M M / D D / Y 2017 Y	M M / D D / Y 12/31/2018 Y	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 only) ..	[]

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

201801109200001223

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/10.9145**

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2014
Danker, Rich, Primary
 General
 Other (specify) ▼
 Mailing Address 4390 Lorcom Ln. Apt 202
 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 **07M / 26D / 2016Y** Date Due **MM / DD / Y12/31/2016Y** 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)... .. **7633.00**

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

201801100200001224

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 3478.56	Transaction ID : SD10.5743	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3478.56

B. 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 8084.71	Transaction ID : SD10.9185	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8084.71

C. 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 2082.84	Transaction ID : SD10.8167	
Amount Incurred This Period 0.00	Payment This Period 576.00	Outstanding Balance at Close of This Period 1506.84

1) SUBTOTALS This Period This Page (optional) ...	13070.11
2) TOTALS This Period (last page this line number) ...	13070.11
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...	7633.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	20703.11

201801190200001225

?

Faxed or Hand Delivered

201801100200001226

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 1-10-18
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

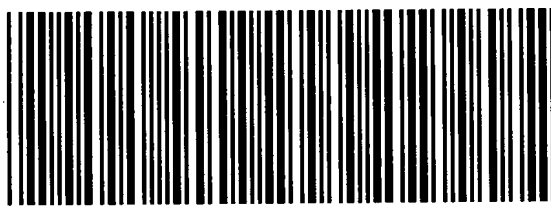
POSTMARK ILLEGIBLE NO POSTMARK

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Date of Receipt

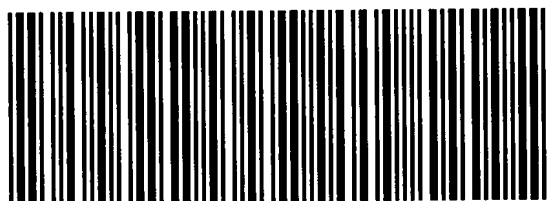
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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 1-10-18

201801100200001227



SEN PATCH



SEN PATCH

201801100200001228