

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

17 NOV 13 PM 1:42
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. **12FE4M5**
BELL FOR SENATE

ADDRESS (number and street) **PO BOX 31**
 Check if different than previously reported. (ACC)
PALISADES PARK **NJ** **07650**
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** **07 / 01 / 2017** through **MM / DD / YYYY** **09 / 30 / 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, .** **J. D.** Date **MM / DD / YYYY** **10 / 12 / 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.

Office Use Only									
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201711130200371207

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 21

Write or Type Committee Name
BELL FOR SENATE

Report Covering the Period: From:

M	M
07	

 /

D	D
01	

 /

Y	Y	Y	Y
2017			

 To:

M	M
09	

 /

D	D
30	

 /

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)) ...	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) ..	851.00	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)) ...	851.00	511383.76
8. Cash on Hand at Close of Reporting Period (from Line 27)...	339.95	
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) ...	20779.11	

For further information contact:

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

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

201711130200377208

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
07	

 /

D	D
01	

 /

Y	Y	Y	Y
2017			

 To:

M	M
09	

 /

D	D
30	

 /

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	0.00	418104.93
(i) Itemized (use Schedule A)...	0.00	83019.95
(ii) Unitemized	0.00	501124.88
(iii) TOTAL of contributions from individuals .	0.00	0.00
(b) Political Party Committees...	0.00	65225.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) The Candidate	0.00	566349.88
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	1000.00	35000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	1000.00	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)...	1000.00	601349.96

20171130200377208

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	851.00	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) ▶	851.00	546583.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	190.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	1000.00
25. SUBTOTAL (add Line 23 and Line 24)...	1190.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	851.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	339.95

201711130200377210

**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 21	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input checked="" type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 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

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
10255.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2017

Transaction ID : SA13A.9190

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
10755.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2017

Transaction ID : SA13A.9201

Amount of Each Receipt this Period
500.00

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).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

2017051530200377211

**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

<p>Full Name (Last, First, Middle Initial) A. Capital One</p>		<p>Date of Disbursement MM / DD / YYYY 07 / 18 / 2017</p>	
<p>Mailing Address PO Box 71083</p>		<p>FEC Identification Number C C00558122</p>	
<p>City Charlotte</p>	<p>State NC</p>	<p>Zip Code 28272</p>	<p>Amount of Each Disbursement this Period 37.00</p>
<p>Purpose of Disbursement Credit Card Payment</p>		<p>Category/ Type 001</p>	<p>Transaction ID : SB17.9198</p>
<p>Candidate Name BELL FOR SENATE</p>		<p>Disbursement For: 2014</p>	
<p>Office Sought:</p> <p><input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: NJ District: 00</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>Full Name (Last, First, Middle Initial) B. Capital One</p>		<p>Date of Disbursement MM / DD / YYYY 08 / 09 / 2017</p>	
<p>Mailing Address PO Box 71083</p>		<p>FEC Identification Number C C00558122</p>	
<p>City Charlotte</p>	<p>State NC</p>	<p>Zip Code 28272</p>	<p>Amount of Each Disbursement this Period 40.00</p>
<p>Purpose of Disbursement Credit Card Payment</p>		<p>Category/ Type 001</p>	<p>Transaction ID : SB17.9199</p>
<p>Candidate Name BELL FOR SENATE</p>		<p>Disbursement For: 2014</p>	
<p>Office Sought:</p> <p><input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: NJ District: 00</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>Full Name (Last, First, Middle Initial) C. Chase</p>		<p>Date of Disbursement MM / DD / YYYY 08 / 09 / 2017</p>	
<p>Mailing Address PO Box 15123</p>		<p>FEC Identification Number C C00558122</p>	
<p>City Wilmington</p>	<p>State DE</p>	<p>Zip Code 19850</p>	<p>Amount of Each Disbursement this Period 266.00</p>
<p>Purpose of Disbursement Credit Card Payment</p>		<p>Category/ Type 001</p>	<p>Transaction ID : SB17.9194</p>
<p>Candidate Name BELL FOR SENATE</p>		<p>Disbursement For: 2014</p>	
<p>Office Sought:</p> <p><input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: NJ District: 00</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>SUBTOTAL of Disbursements This Page (optional)...</p>		<p>343.00</p>	
<p>TOTAL This Period (last page this line number)...</p>		<p></p>	

2017113020377222

**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

A. Chase

Full Name (Last, First, Middle Initial)
Chase

Date of Disbursement
MM / DD / YYYY
09 / 08 / 2017

Mailing Address PO Box 15123

City Wilmington State DE Zip Code 19850

Purpose of Disbursement
Credit Card Payment

Candidate Name
BELL FOR SENATE

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: NJ District: 00

FEC Identification Number
C00558122

Amount of Each Disbursement this Period
141.00

Transaction ID : SB17.9195

Memo Item

B. Chase

Full Name (Last, First, Middle Initial)
Chase

Date of Disbursement
MM / DD / YYYY
09 / 11 / 2017

Mailing Address PO Box 15123

City Wilmington State DE Zip Code 19850

Purpose of Disbursement
Credit Card Payment

Candidate Name
BELL FOR SENATE

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: NJ District: 00

FEC Identification Number
C00558122

Amount of Each Disbursement this Period
35.00

Transaction ID : SB17.9196

Memo Item

C. Chase

Full Name (Last, First, Middle Initial)
Chase

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2017

Mailing Address PO Box 15123

City Wilmington State DE Zip Code 19850

Purpose of Disbursement
Credit Card Payment

Candidate Name
BELL FOR SENATE

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: NJ District: 00

FEC Identification Number
C00558122

Amount of Each Disbursement this Period
302.00

Transaction ID : SB17.9197

Memo Item

SUBTOTAL of Disbursements This Page (optional)...

478.00

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

201711150200377215

**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

<p>Full Name (Last, First, Middle Initial) A. Wells Fargo</p>			<p>Date of Disbursement MM / DD / YYYY 07 / 31 / 2017</p>		
<p>Mailing Address 2213 North Glebe Road</p>			<p>FEC Identification Number C C00558122</p>		
<p>City Arlington</p>	<p>State VA</p>	<p>Zip Code 22207</p>	<p>Amount of Each Disbursement this Period 10.00</p>		
<p>Purpose of Disbursement Bank Fee</p>		<p>Category/ Type 001</p>		<p>Transaction ID : SB17.9191</p>	
<p>Candidate Name BELL FOR SENATE</p>		<p>Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><input type="checkbox"/> Memo Item</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: NJ District: 00</p>				
<p>Full Name (Last, First, Middle Initial) B. Wells Fargo</p>			<p>Date of Disbursement MM / DD / YYYY 08 / 30 / 2017</p>		
<p>Mailing Address 2213 North Glebe Road</p>			<p>FEC Identification Number C C00558122</p>		
<p>City Arlington</p>	<p>State VA</p>	<p>Zip Code 22207</p>	<p>Amount of Each Disbursement this Period 10.00</p>		
<p>Purpose of Disbursement Bank Fees</p>		<p>Category/ Type 001</p>		<p>Transaction ID : SB17.9192</p>	
<p>Candidate Name BELL FOR SENATE</p>		<p>Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><input type="checkbox"/> Memo Item</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: NJ District: 00</p>				
<p>Full Name (Last, First, Middle Initial) C. Wells Fargo</p>			<p>Date of Disbursement MM / DD / YYYY 09 / 29 / 2017</p>		
<p>Mailing Address 2213 North Glebe Road</p>			<p>FEC Identification Number C C00558122</p>		
<p>City Arlington</p>	<p>State VA</p>	<p>Zip Code 22207</p>	<p>Amount of Each Disbursement this Period 10.00</p>		
<p>Purpose of Disbursement Bank Fees</p>		<p>Category/ Type 001</p>		<p>Transaction ID : SB17.9193</p>	
<p>Candidate Name BELL FOR SENATE</p>		<p>Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><input type="checkbox"/> Memo Item</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: NJ District: 00</p>				
<p>SUBTOTAL of Disbursements This Page (optional)...</p>			<p>30.00</p>		
<p>TOTAL This Period (last page this line number)...</p>			<p>851.00</p>		

2017111500577214

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) Memo Item **BELL, JEFFREY,** Election: 2014
 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 **1500.00** Cumulative Payment To Date **1000.00** Balance Outstanding at Close of This Period **500.00**

TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Secured:

M04 / **D16** / **Y 2015 Y** **M M** / **D D** / **Y12/31/2015 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: 500.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 500.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 500.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 500.00

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.

201711130200377215

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)

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:

M04^M

D12^D

Y2016^Y

M M

D D

Y12/31/2016^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 only) ..

.. >

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

201711150269577216

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 State ZIP Code
 LEONIA NJ 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 Date Due Interest Rate (if none, enter 0) Secured:

M05 / **D24** / **Y 2016** / **M M** / **D D** / **Y12/31/2016** / **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: 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) ..

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

20171113020037217

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/10.9137

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

600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

600.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08

D 10

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)...

.. >

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.

201711130200577210

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 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

600.00 0.00 600.00

TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Secured:

M09M / D06D / 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: 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.

201711150260377219

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 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
-----------------------------------	------------------------------------	---

TERMS	Date Incurred M 10 / D 11 / Y 2016	Date Due M M / D D / Y 12/31/2016	Interest Rate (if none, enter 0) 0.00 % (apr)	Secured: <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.

201711130200377220

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 **11/11/2016** 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: 1000.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 1000.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 1000.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 1000.00

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

TOTALS This Period (last page in this line only) .. **1000.00**

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

20171130200577221

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

Mailing Address **132 CHRISTIE ST** General Other (specify) ▼

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 **03^M / 20^D / 2017^Y** Date Due **12/31/2017^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: 1000.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 1000.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 1000.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 1000.00

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

TOTALS This Period (last page in this line only) ... **1000.00**

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

20171130200377222

**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/10.9179

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

205.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

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) 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)...

▶▶

205.00

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.

201711150200007#225

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) Memo Item Election: 2014
BELL, JEFFREY, Primary
 Mailing Address 132 CHRISTIE ST General
 Other (specify)
 City State ZIP Code Personal Funds of the Candidate
LEONIA NJ 07605

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

TERMS Date Incurred **08^M / 03^D / 2017^Y** Date Due **12/31/2018^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: 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 only) .. **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.

201711130200377224

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/10.9201

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:

09^M / 11^D / 2017^Y

MM / DD / 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.

2017113020077225

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) <input type="checkbox"/> Memo Item Danker, Rich,			Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4390 Lorcom Ln. Apt 202			
City Arlington	State VA	ZIP Code 22207	<input type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 07 / D 26 / 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)...	128.00
TOTALS This Period (last page in this line only) ..	7133.00

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

201711150200577226

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 3555.56	Transaction ID : SD10.5743	
Amount Incurred This Period 0.00	Payment This Period 77.00	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 2826.84	Transaction ID : SD10.8167	
Amount Incurred This Period 0.00	Payment This Period 744.00	Outstanding Balance at Close of This Period 2082.84

1) SUBTOTALS This Period This Page (optional) ...	13646.11
2) TOTALS This Period (last page this line number only) ...	13646.11
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...	7133.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ...	20779.11

201711130200577227

Faxed
or
Hand Delivered

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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11/13/17
Date of Receipt

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_____ 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 _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION

_____ Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX

_____ Date of Receipt

OTHER

_____ Date of Receipt or Postmark

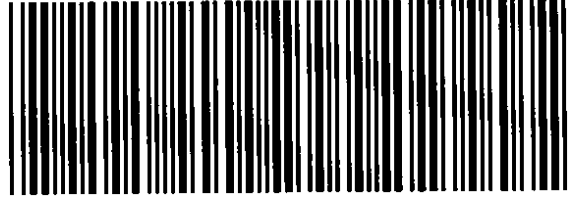
PREPARER

MN

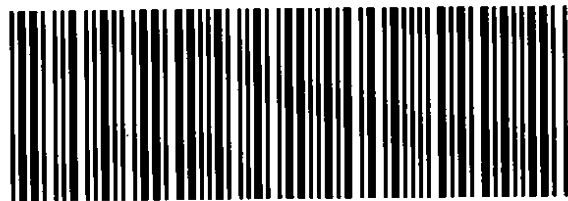
DATE PREPARED

11/13/17

20171113095729



SEN PATCH



SEN PATCH

20171113020057230