

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

2018 APR -9 PM 4:19

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 PALISADES PARK CITY STATE NJ ZIP CODE 07650

2. FEC IDENTIFICATION NUMBER C00558122 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE NJ DISTRICT 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/01 DD/01 YYYY 2018 through MM/03 DD/31 YYYY 2018

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 Date 04/09/2018

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

201804090200180230

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name
BELL FOR SENATE

Report Covering the Period: From:

M	M
01	01

 /

D	D
01	01

 /

Y	Y	Y	Y
2018			

 To:

M	M
03	03

 /

D	D
31	31

 /

Y	Y	Y	Y
2018			

	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) ..	1222.00	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)) ...	1222.00	511383.76
8. Cash on Hand at Close of Reporting Period (from Line 27)...	11.95	
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) ...	20546.11	

For further information contact:

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

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

201804090200180231

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 24

Write or Type Committee Name
BELL FOR SENATE

Report Covering the Period: From:

M	M
01	01

 /

D	D
01	01

 /

Y	Y	Y	Y
2018	2018	2018	2018

 To:

M	M
03	31

 /

D	D
31	31

 /

Y	Y	Y	Y
2018	2018	2018	2018

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...

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

201804090200180232

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	1222.00	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) ▶	1222.00	546583.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	233.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	1000.00
25. SUBTOTAL (add Line 23 and Line 24)...	1233.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	1222.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	11.95

201804090200180233

**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 24
(check only one)
 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
 11755.00

Date of Receipt
 MM / DD / YYYY
 01 / 08 / 2018

Transaction ID : SA13A.9210

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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
 12255.00

Date of Receipt
 MM / DD / YYYY
 01 / 16 / 2018

Transaction ID : SA13A.9211

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

201804090200180234

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

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

FOR LINE NUMBER: PAGE 6 OF 24
(check only one)
 17 18 19a 19b
 20a 20b 20c 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 MM / DD / YYYY 01 / 10 / 2018		
Mailing Address PO Box 71083			FEC Identification Number C C00558122		
City Charlotte	State NC	Zip Code 28272	Purpose of Disbursement Credit Card Debt Payment 001		
Candidate Name BELL FOR SENATE			Amount of Each Disbursement this Period 97.00		
Office Sought:	House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9220		
State: NJ	District: 00	<input type="checkbox"/> Memo Item			
Full Name (Last, First, Middle Initial) B. Capital One			Date of Disbursement MM / DD / YYYY 01 / 10 / 2018		
Mailing Address PO Box 71083			FEC Identification Number C C00558122		
City Charlotte	State NC	Zip Code 28272	Purpose of Disbursement Credit Card Debt Payment 001		
Candidate Name BELL FOR SENATE			Amount of Each Disbursement this Period 409.00		
Office Sought:	House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9222		
State: NJ	District: 00	<input type="checkbox"/> Memo Item			
Full Name (Last, First, Middle Initial) c. Chase			Date of Disbursement MM / DD / YYYY 01 / 08 / 2018		
Mailing Address PO Box 15123			FEC Identification Number C C00558122		
City Wilmington	State DE	Zip Code 19850	Purpose of Disbursement Credit Card Debt Payment 001		
Candidate Name BELL FOR SENATE			Amount of Each Disbursement this Period 241.00		
Office Sought:	House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9217		
State: NJ	District: 00	<input type="checkbox"/> Memo Item			
SUBTOTAL of Disbursements This Page (optional)...			747.00		
TOTAL This Period (last page this line number only)...					

201804090200180235

**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 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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 02 / 12 / 2018		
Mailing Address PO Box 15123			FEC Identification Number C C00558122		
City Wilmington	State DE	Zip Code 19850	Amount of Each Disbursement this Period 150.00		
Purpose of Disbursement Credit Card Debt Payment		Category/Type 001	Transaction ID : SB17.9218		
Candidate Name BELL FOR SENATE		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General				
State: NJ District: 00					

Full Name (Last, First, Middle Initial) B. Chase			Date of Disbursement MM / DD / YYYY 02 / 26 / 2018		
Mailing Address PO Box 15123			FEC Identification Number C C00558122		
City Wilmington	State DE	Zip Code 19850	Amount of Each Disbursement this Period 260.00		
Purpose of Disbursement Credit Card Debt Payment		Category/Type 001	Transaction ID : SB17.9219		
Candidate Name BELL FOR SENATE		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General				
State: NJ District: 00					

Full Name (Last, First, Middle Initial) c. Wells Fargo			Date of Disbursement MM / DD / YYYY 01 / 11 / 2018		
Mailing Address 2213 North Glebe Road			FEC Identification Number C C00558122		
City Arlington	State VA	Zip Code 22207	Amount of Each Disbursement this Period 35.00		
Purpose of Disbursement BANK FEE		Category/Type 001	Transaction ID : SB17.9212		
Candidate Name BELL FOR SENATE		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General				
State: NJ District: 00					

SUBTOTAL of Disbursements This Page (optional)...	445.00
TOTAL This Period (last page this line number)...	

201804090200180235

**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 8 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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 01 / 31 / 2018	
Mailing Address 2213 North Glebe Road			FEC Identification Number C C00558122	
City Arlington	State VA	Zip Code 22207	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement BANK FEE		Category/Type 001	Transaction ID : SB17.9213	
Candidate Name BELL FOR SENATE		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
State: NJ District: 00				

Full Name (Last, First, Middle Initial) B. Wells Fargo			Date of Disbursement MM / DD / YYYY 02 / 28 / 2018	
Mailing Address 2213 North Glebe Road			FEC Identification Number C C00558122	
City Arlington	State VA	Zip Code 22207	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement BANK FEE		Category/Type 001	Transaction ID : SB17.9214	
Candidate Name BELL FOR SENATE		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
State: NJ District: 00				

Full Name (Last, First, Middle Initial) c. Wells Fargo			Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address 2213 North Glebe Road			FEC Identification Number C C00558122	
City Arlington	State VA	Zip Code 22207	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement BANK FEE		Category/Type 001	Transaction ID : SB17.9215	
Candidate Name BELL FOR SENATE		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
State: NJ District: 00				

SUBTOTAL of Disbursements This Page (optional)...	30.00
TOTAL This Period (last page this line number)...	1222.00

201804090200180237

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 1500.00	Cumulative Payment To Date 1000.00	Balance Outstanding at Close of This Period 500.00
---	--	--

TERMS	Date Incurred M 04 / D 16 / Y 2015	Date Due M M / D D / Y 12/31/2015	Interest Rate (if none, enter 0) 0.00 % (apr)	Secured: <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:	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 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.

201804090200180238

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) 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

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) 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.

201804090200180239

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 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
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) 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)... 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.

201804090200180240

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 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:

M 08 / D 10 / Y 2016 M M / D D / Y 12/31/2016 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: []
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.

17508100200180241

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/10.9138

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 09 / D 06 / Y 2016 / M M / D D / Y 12/31/2016 / 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:

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) ..

▶

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

201804090200180242

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) 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

TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Secured:
 / / / / % (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: <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.

201804090200180243

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.

201804090200180244

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) 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 <input type="text" value="1000.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="1000.00"/>
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TERMS	Date Incurred <input type="text" value="03M"/> / <input type="text" value="20D"/> / <input type="text" value="2017Y"/>	Date Due <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="12/31/2017Y"/>	Interest Rate (if none, enter 0) <input type="text" value="0.00"/> % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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="1000.00"/>
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.

201804090200180245

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 only) ...	

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

201804099200180246

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9190**

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 08 / D 03 / 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.

47700100200100247

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) 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

TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Secured:
M / D / Y M / D / Y % (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: <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.

201804090200180248

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/10.9208

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 11 / D 27 / Y 2017

M M / D D / Y 12/31/2018

Y 2017

M M / D D / Y 12/31/2018

M M / D D / Y 12/31/2018

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)...

.. ▶

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.

201804090200180249

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

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9210**

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 01 / D 08 / Y 2018	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.

201804090200180250

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : SC/10.9211

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2018
BELL, JEFFREY, Primary
 Mailing Address 132 CHRISTIE ST General
 Other (specify) ▼

City State ZIP Code
 LEONIA NJ 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
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TERMS Date Incurred Date Due Interest Rate (if none, enter 0) Secured:
 M 01 / D 16 / Y 2018 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)... --▶ 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.

1520100200180251

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) Danker, Rich,		<input type="checkbox"/> Memo Item	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 368.00	Cumulative Payment To Date 240.00	Balance Outstanding at Close of This Period 128.00
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TERMS	Date Incurred M 07 / D 26 / 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
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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) ►	8633.00

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

201804090200180252

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 97.00	Outstanding Balance at Close of This Period 3381.56

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 409.00	Outstanding Balance at Close of This Period 7675.71

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 1506.84	Transaction ID : SD10.8167	
Amount Incurred This Period 0.00	Payment This Period 651.00	Outstanding Balance at Close of This Period 855.84

1) SUBTOTALS This Period This Page (optional) ...	11913.11
2) TOTALS This Period (last page this line number) ...	11913.11
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	8633.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	20546.11

201804090209180253

Faxed
or
Hand Delivered

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 4-9-18
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:

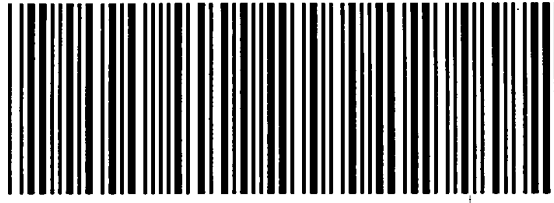
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

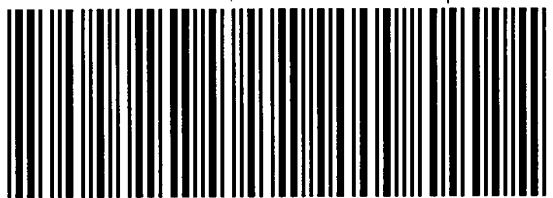
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 4-9-18

201804090200180255



SEN PATCH



SEN PATCH

201804090200180256