Only

FEC FORM 3

REPORT OF RECEIPTS **AND DISBURSEMENTS**

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 APR -9 PM 4: 19

		For An Authorized Committee					Office Use Only				
1. NAME OF COMMITTEE ((in full)	TYPE OR PRINT	▼		mple: If typi r the lines.	ng, type	1	2FE4M5			
BELL FOR S		<u> </u>			1.1.1				لطبل		لبب
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ADDRESS (number	and street)	PO BOX 31		111		111	<u> </u>		111		
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reported.	(ACC)			ITY ▲	1 1 1 1		_	III L TE ▲	 :	ZIP CODE	<u> </u>
C C00558		JMBER ▼	3. IS RE	THIS PORT	x NEV	V OR		AMENDE (A)	ED	STATE ▼	DISTRICT
July Octo	Reports: 15 Quarterly F 15 Quarterly F ber 15 Quarter	Report (Q1) Report (Q2) rly Report (Q3) ad Report (YE)	Ele (c) 30-l	Control on	Primary (12) Convention M M F-Election Re General (30)	(12C) / D D eport for th		General (12 Special (12 Y Y Y Runoff (30)	28)	in the State of	ecial (30S)
5. Covering Period I certify that I have Type or Print Name	e examined th	nis Report and to Datwyler, Tho	201 the best mas, ,		through	03 belief it is		orrect and		Y Y 18	
Signature of Treas	urer	wyler, Thomas, ,	J.			7	Date			9/2	<u>ð 1 g</u>
NOTE: Submission	of false, erron	eous, or incomplet	te informa	tion may s	subject the po	erson signin	g this	Report to th	e penal	ties of 52 U	S.C. §3010
Office Use										C FORM	

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 24

Write or Type Committee Name BELL FOR SENATE

			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.		sh on Hand at Close of porting Period (from Line 27)	11.95	
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule 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

DETAILED SUMMARY PAGE

of Receipts

PAGE 3 / 24

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name **BELL FOR SENATE** 2018 To: Report Covering the Period: From: **COLUMN B COLUMN A** I. RECEIPTS **Total This Period 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)... 83019.95 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 501124.88 from individuals . 0.00 0.00 (b) Political Party Committees... Other Political Committees 0.00 65225.00 (such as 'PACs) ... 0.00 0.00 (d) The Candidate (e) TOTAL CONTRIBUTIONS (other than loans) 0.00 566349.88 (add Lines 11(a)(iii), (b), (c), and (d))... 12. TRANSFERS FROM OTHER 0.00 0.00 **AUTHORIZED COMMITTEES...** 13. LOANS: (a) Made or Guaranteed by the 1000.00 35000.00 Candidate... 0.00 0.00 (b) All Other Loans... (c) TOTAL LOANS 1000.00 35000.00 (add Lines 13(a) and (b))... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) .. 15. OTHER RECEIPTS 0.00 0.08 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 1000.00 601349.96 (Carry Total to Line 24, page 4)...

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 24

	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	0.001	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 S	SUMMARY			
23.	CASH ON HAND AT BEGINNING OF REPO	ORTING PERIOD	233.95		
24	TOTAL RECEIPTS THIS PERIOD (from Line	e 16, page 3)	1000.00		
25.	SUBTOTAL (add Line 23 and Line 24)		1233.95		
26.	TOTAL DISBURSEMENTS THIS PERIOD (fi	rom Line 22)	1222.00		
	CASH ON HAND AT CLOSE OF REPORT!	NG PERIOD	11.95		

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

5 PAGE OF FOR LINE NUMBER: 24 Use separate schedule(s) (check only one) 11a 11b 11c 11d X 13a

for each category of the **Detailed Summary Page** 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, , , Date of Receipt Mailing Address 132 CHRISTIE ST 2018 State Zip Code City Transaction ID: SA13A.9210 NJ 07605 **LEONIA** FEC ID number of contributing Amount of Each Receipt this Period S8NJ00012 federal political committee. 500.00 Occupation Name of Employer Candidate **Bell for Senate** Memo Item Receipt For: 2014 Election Cycle-to-Date CANDIDATE LOAN rimary General 11755.00 Other (specify) \(\nbbeta\) Full Name (Last, First, Middle Initial) BELL, JEFFREY, , , Date of Receipt Mailing Address 132 CHRISTIE ST 2018 16 Zip Code City State Transaction ID: SA13A.9211 **LEONIA** NJ 07605 FEC ID number of contributing S8NJ00012 Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Candidate **Bell for Senate** Memo Item Receipt For: 2018 Election Cycle-to-Date CANDIDATE LOAN Primary General 12255.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address Zip Code City State FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Occupation Name of Employer Memo Item Receipt For: Election Cycle-to-Date **Primary** General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00

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

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SCHEDULE B (FEC Form 3)

Use separate schedule(s)

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2	0a	20b		20c		21

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An or	ly information copied from such Reports and Statement for commercial purposes, other than using the name a	ts may r nd addr	not be sold or usess of any polit	ised by any pe ical committee	rson for t	he purpo contribu	ose	of solic	ting sucl	contrib h comm	utions ittee.
\rangle	NAME OF COMMITTEE (In Full) BELL FOR SENATE		·								
А.	Full Name (Last, First, Middle Initial) Capital One				Date	of Disbu	rse	ment	₹	~ ~ ~ ~	▽ 1
	Mailing Address PO Box 71083	•			01		10	ן ר		2018	
	City State Charlotte NC)	Zip Code 28272		FEC	Identific	atio	n Numb	er •		
	Purpose of Disbursement Credit Card Debt Payment			001		C0055	812	22		لـــا	
	Candidate Name BELL FOR SENATE			Category/ Type	Amo	unt of E	ach	Disburs	eme	ent this f	Period
	Office Sought: House Disbursement Senate Prim President Othe State: NJ District: 00		014 ✗ General ify) ▼		-	saction	-	: SB17.9	220	97.0	0
В.	Full Name (Last, First, Middle Initial)						urse	ment	~ ·	y y 2018	Y
	City State		FEC Identification Number								
	Charlotte · NC Purpose of Disbursement Credit Card Debt Payment	001		C0055	812	22					
	Candidate Name BELL FOR SENATE	Category/ Type Amount of Each Disbursement thi					-				
	Senate Prim President Other	X Senate Primary X General							222	409.0	00
_	State: NJ District: 00 Full Name (Last, First, Middle Initial)										<u> </u>
C.	Chase				Date	of Disb	urse	ement	y T	y # y #	7
	Mailing Address PO Box 15123				01 08 2018						<u> </u>
	City State Wilmington DE		Zip Code 19850					n Numb	er		
	Purpose of Disbursement Credit Card Debt Payment	001		C005	81:	22					
	Candidate Name BELL FOR SENATE	Category/ Type	Amo	unt of E	ach	Disburs	eme	ent this 241.0			
		: For: 2 nary er (spec	✗ General		1	saction Memo It		SB17.9	217	241.	
_	State: NJ District: 00	 	<u> </u>	·	<u> </u>						
	SUBTOTAL of Disbursements This Page (optional)			••	• 					747.(00
	TOTAL This Period (last page this line number only)				-						

SCHEDULE B (FEC Form 3)

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×]17	<u> </u>		19a]19b
	20a	20b		20c		21

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	edule(s) of the	FOR LINE NUMBER: PAGE 7 OF 24 (check only one)			
An	by information copied from such Reports and Statements me for commercial purposes, other than using the name and	nay not be sold or us	sed by any p	person for the purpose of soliciting contributions e to solicit contributions from such committee.			
\sum_{i}	NAME OF COMMITTEE (In Full) BELL FOR SENATE			·			
Α.	Full Name (Last, First, Middle Initial) Chase			Date of Disbursement			
	Mailing Address PO Box 15123			02 / 12 / 2018			
	City State Wilmington DE	Zip Code 19850	i	FEC Identification Number			
	Purpose of Disbursement Credit Card Debt Payment		001	Amount of Each Disbursement this Period			
	BELL FOR SENATE Office Sought: House Senate Primary President Other (s		Category/ Type	150.00 Transaction ID : SB17.9218 Memo Item			
В.	State: NJ District: 00 Full Name (Last, First, Middle Initial) Chase Mailing Address PO Box 15123			Date of Disbursement M M / D D / Y Y Y Y Y Y Y 2018			
	City Wilmington Purpose of Disbursement Credit Card Debt Payment Candidate Name BELL FOR SENATE Office Sought: House Primary President State: NJ District: 00		001 Category/ Type	FEC Identification Number C C00558122 Amount of Each Disbursement this Period 260.00 Transaction ID: SB17.9219 Memo Item			
C.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 2213 North Glebe Road			Date of Disbursement Old Date of Disbursement Old Date of Disbursement Old Date of Disbursement			
	City Arlington Purpose of Disbursement BANK FEE Candidate Name BELL FOR SENATE Office Sought: House Senate President President State: NJ District: 00	General	001 Category/ Type	FEC Identification Number C C00558122 Amount of Each Disbursement this Period 35.00 Transaction ID: SB17.9212 Memo Item			
Γ	SUBTOTAL of Disbursements This Page (optional)		:	▶ 445.00			
r	TOTAL This Period (last page this line number only)		<u> </u>	·· •			

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SCHEDULE B (FEC Form 3)

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

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ITEMIZED DISBURSEMENTS 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) Date of Disbursement A. Wells Fargo **Y** W **Y** U **Y** U 31 Mailing Address 2213 North Glebe Road Zip Code State City **FEC Identification Number** VA 22207 Arlington Purpose of Disbursement BANK FEE C00558122 001 Candidate Name Amount of Each Disbursement this Period Category/ BELL FOR SENATE Type Disbursement For: 2014 Office Sought: House Primary ✗ General Transaction ID: SB17.9213 Senate Other (specify) \(\neg \) President Memo Item 00 State: District: Full Name (Last, First, Middle Initial) Wells Fargo Date of Disbursement D D M M / 28 Mailing Address 2213 North Glebe Road Zip Code State City **FEC Identification Number** VA 22207 Arlington Purpose of Disbursement BANK FEE C00558122 001 Candidate Name Amount of Each Disbursement this Period Category/ **BELL FOR SENATE** Туре Office Sought: House Disbursement For: 2018 ★ General Primary Senate Transaction ID: SB17.9214 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) Date of Disbursement c. Wells Fargo D D 30 Mailing Address 2213 North Glebe Road Zip Code State City **FEC Identification Number** 22207 VA Arlington Purpose of Disbursement BANK FEE C00558122 001 Candidate Name Amount of Each Disbursement this Period Category/ **BELL FOR SENATE** Type 10.00 Disbursement For: 2018 Office Sought: House ★ | General Primary Transaction ID: SB17.9215 × Senate Other (specify) President Memo Item NJ District: State: 30.00 SUBTOTAL of Disbursements This Page (optional)... 1222.00 TOTAL This Period (last page this line number only)...

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SCHEDULE C (FEC LOANS	Use separate schedule(s) for each category of the Detailed Summary Page PAGE 9 OF FOR LINE NUMBER: (check only one)					
NAME OF COMMITTEE (IN F BELL FOR SENATE	ull)			T	ransaction	ID : SC/10.8296
LOAN SOURCE Full Nat BELL, JEFFREY,	me (Last, First, Mide	dle Initial)	<u>,</u>	☐ Memo	o Item Ele	ection: 2014 Primary General
Mailing Address 132 CHRISTIE ST			,			Other (specify)
City LEONIA		State NJ	ZIP Code 07605		×	Personal Funds of the Candidate
Original Amount of Loan	1500.00	Cumulative Pa	-			Outstanding at Close of This Period
TERMS Date Incur M04M / P16P / List All Endorsers or Gu	red Y Ž018 Y uarantors (if any) to	/ D /		(If non	st Rate e, enter 0) 0.00	Secured: % (apr) Yes No
Full Name (Last, First Mailing Address	, Middle Initial)		C	Name of Employer Occupation		
City	State	ZIP Code		Guaranteed Outstanding:	**************************************	
2. Full Name (Last, First,	Middle Initial)		١	lame of Employer		
Mailing Address				Occupation Amount	~~~~	
City	State	ZIP Code		Guaranteed Dutstanding:	· · · · · · · · · · · · · · · · · · ·	
3. Full Name (Last, First,	Middle Initial)	-	١	Name of Employer		
, Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Dutstanding:		
4. Full Name (Last, First,	Middle Initial)		1	Name of Employer		
Mailing Address		<u> </u>	(Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
SUBTOTALS This Period The TOTALS This Period (last p						500.00
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CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page PAGE 10 OF 24		
AME OF COMMITTEE (IN I				Transa	ction ID : SC/10.9121
BELL, JEFFREY,	ame (Last, First, Midd	dle Initial)		☐ Memo Item	Election: 2014 Primary General Other (specify)
Mailing Address 132 CHRISTIE ST					
City		State NJ	ZIP Code 07605	•	Personal Funds of the Candida
Original Amount of Loa	n 500.00	Cumulative Pa	ayment To D	ate Ba	lance Outstanding at Close of This Peri
TERMS Date Incu	urred	1 M / D 0	Date Due	Interest Ra (If none, ent	er 0)
المسا المسا					% (apr) Yes X
List All Endorsers or G 1. Full Name (Last, First		Loan Source		Name of Employer	
Mailing Address		-		Occupation Amount	
City	State	ZIP Code		Guaranteed Outstanding:	
2. Full Name (Last, First	t, Middle Initial)			Name of Employer	
Mailing Address			.	Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
3. Full Name (Last, Firs	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
4. Full Name (Last, Firs	t, Middle Initial)		-	Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
SUBTOTALS This Period	This Page (optional)			<u> </u>	500.00
TOTALS This Period (last	page in this line only	v) ···		··• [A A (1) A (1) A (2) A (4) A
Carry outstanding balance	e only to LINE 3, Sch	nedule D, for th	his line. If n	o Schedule D, carry fo	orward to appropriate line of Summa

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SCHEDULE C (FEC Form 3) LOANS

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

PAGE 11 OF
FOR LINE NUMBER:
(check only one)

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		Detailed Suffillary Fage		13b	
IAME OF COMMITTEE (In Full) BELL FOR SENATE		Transactio	on ID : SC/10.9119		
LOAN SOURCE Full Name (Last, First, Mic BELL, JEFFREY, Mailing Address 132 CHRISTIE ST	ddle Initial)	☐ Memo Item	Primary General Other (specify)		
City	State ZIP Cod NJ 07605	le	Personal Funds of the C	andidate	
Original Amount of Loan	Cumulative Payment To (e Outstanding at Close of Th	00	
TERMS Date Incurred	Date Due	Interest Rate (if none, enter 0)		× No	
List All Endorsers or Guarantors (if any) t	o Loan Source	Name of Employer			
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). TOTALS This Period (last page in this line onl		▶	1100.	00	
Carry outstanding balance only to LINE 3. Sc	hedule D. for this line. If r	no Schedule D, carry forwa	rd to appropriate line of Su	mmary.	

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ME OF COMMITTEE (In Ful ELL FOR SENATE	11)		Tra	ansaction (ID : SC/10.9137		
LOAN SOURCE Full Nam	e (Last, First, Mid	dle Initial)	☐ Memo	Item Ele	ction: 2014		
BELL, JEFFREY,				×	Primary General		
Mailing Address 132 CHRISTIE ST		·			Other (specify) ▼		
City LEONIA			P Code 07605	×	Personal Funds of the Candida		
Original Amount of Loan		Cumulative Payme	nt To Date	Balance	Outstanding at Close of This Per		
	600.00		0.00		600.00		
Date Incurred M08M / P10P / Y List All Endorsers or Gua	2016 Y	Date D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D		t Rate , enter 0) 0.00	Secured: % (apr) Yes		
1. Full Name (Last, First,			Name of Employer				
Mailing Address			Occupation	Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	- A (5)-			
2. Full Name (Last, First, I	Middle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, I	Middle Initial)	<u> </u>	Name of Employer	Name of Employer			
Mailing Address			Occupation				
City	State	ZiP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First,	 Middle Initial)	<u>L</u> .	Name of Employer				
Mailing Address			Occupation	Occupation			
City	State	ZIP Code	Amount Guaranteed				
UBTOTALS This Period Thi	s Page (optional).		Outstanding:		600.00		

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SCHEDULE C (FEC Form 3) LOANS				Use separate for each cate Detailed Summ	gory of the	FOR LINE NI (check only o	JMBER:
NAME OF COMMITTEE (In Full) BELL FOR SENATE			——————————————————————————————————————		Transaction	ID : SC/10.9138	
BELL, JEFFREY, Mailing Address 132 CHRISTIE ST	ast, First, Mic	Idle Initial)		☐ Me	mo Item	ction: 2014 Primary General Other (specify) ▼
City		State NJ	ZIP Code 07605			Personal Fur	ds of the Candidate
Original Amount of Loan	600.00	Cumulative Pa	ayment To Dat	0.00	Balance	Outstanding at	Close of This Perio
المصالما	2016 Y	M * M / D *			erest Rate one, enter 0) 0.00	% (apr)	Secured:
List All Endorsers or Guarar 1. Full Name (Last, First, Mic		o Loan Source		ame of Employ	er		
Mailing Address				ccupation			
City	State	ZIP Code	Gi	mount uaranteed utstanding:	1 1 5		
2. Full Name (Last, First, Mid-	dle Initial)		Na	ame of Employ	rer		
Mailing Address				ccupation mount s			
City	State	ZIP Code	G	uaranteed utstanding:	(n		
3. Full Name (Last, First, Mid	dle Initial)		N	Name of Employer			
Mailing Address				ccupation			
City	State	ZIP Code	G	mount uaranteed utstanding:		*	
4. Full Name (Last, First, Mid	dle Initial)	,	N	ame of Employ	/er		
Mailing Address		0	ccupation				
City	State	ZIP Code	G	mount uaranteed utstanding:	<i>j</i>	1 1 5	
SUBTOTALS This Period This P	age (optional)			1		-5-5-5-	600.00
TOTALS This Period (last page Carry outstanding balance only			his line. If no	 Schedule D, e		to appropriate	e line of Summary

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SCHEDULE C (FEC Form 3) LOANS

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

PAGE 14 OF
FOR LINE NUMBER:
(check only one)

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OANO		Detailed Summary Page		13b
IAME OF COMMITTEE (In Full) BELL FOR SENATE		Transactio	n ID : SC/10.9149	
LOAN SOURCE Full Name (Last, First, Mic BELL, JEFFREY,	ddle Initial)		Primary General	
Mailing Address 132 CHRISTIE ST			Other (specify) ▼	
City LEONIA	State ZIP Code NJ 07605	1.5	✗ Personal Funds of the	Candidate
Original Amount of Loan 500.00	Cumulative Payment To D	0.00		
TERMS Date Incurred	Date Due	Interest Rate (If none, enter 0)		
List All Endorsers or Guarantors (if any) t				
Full Name (Last, First, Middle Initial)	;	Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	TZIP CODE	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional). TOTALS This Period (last page in this line onl		▶	50 	0.00
Carry outstanding balance only to LINE 3, Sc	hedule D, for this line. If n	o Schedule D, carry forwa	rd to appropriate line of S	ummary.

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CHEDULE C (FEC Form 3) OANS				Use separate schedul for each category of t Detailed Summary Pa	the (check only one) X 13a		
IAME OF COMMITTEE (In FU BELL FOR SENATE	ıli)			Transa	ction ID : SC/10.9158		
LOAN SOURCE Full Name (Last, First, Middle Initial) BELL, JEFFREY,				☐ Memo Item	Election: 2014 Primary General		
Mailing Address 132 CHRISTIE ST	Mailing Address 132 CHRISTIE ST				Other (specify)		
City	State ZIP Code NJ 07605			Э	Personal Funds of the Candidate		
Original Amount of Loan	1000.00	Cumulative Pa		Date Bal	ance Outstanding at Close of This Period		
TERMS Date Incurr	2016	4 M / D D	الد	Interest Rat (If none, ente	er 0)		
Full Name (Last, First, Mailing Address	Middle Initial)			Name of Employer Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
2. Full Name (Last, First,	2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address				Occupation Amount			
City	State	ZIP Code		Guaranteed Outstanding:			
3. Full Name (Last, First,	Middle Initial)			Name of Employer			
Mailing Address		,	_	Occupation			
City	State	ZIP Code Guaranteed Outstanding:		Guaranteed			
4. Full Name (Last, First,	Middle Initial)	<u> </u>		Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
SUBTOTALS This Period Th				··• [1000.00		
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SCHEDULE C (FEC Form 3) LOANS

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

PAGE 16 OF
FOR LINE NUMBER:
(check only one)

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	13b

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OAI10		Detailed Summary Pag	ge 13b
IAME OF COMMITTEE (In Full)		Transac	ction ID : SC/10.9170
BELL FOR SENATE			
LOAN SOURCE Full Name (Last, First, Mic BELL, JEFFREY,	ddle Initial)	☐ Memo Item	Election: 2014 Primary General
Mailing Address 132 CHRISTIE ST			Other (specify)
City	State ZIP Code	e	
LEONIA	NJ 07605		Personal Funds of the Candidate
Original Amount of Loan	Cumulative Payment To D	Date Bala	ance Outstanding at Close of This Period
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TERMS Date Incurred	Date Due	Interest Rate (If none, ente	
M03M / P20P / Y 2017 Y	M M / D D / Y12/		.00
List All Endorsers or Guarantors (if any) to	o Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	TZIP Gode	Guaranteed Outstanding:	<u></u>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount -	
City	TZIP Code	Guaranteed Outstanding:	_ <u></u>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	<u></u>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional).		▶	1000.00
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Carry outstanding balance only to LINE 3, Sci	nedule D, for this line. If n	o Schedule D, carry for	ward to appropriate line of Summary.

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NAME OF COMMITTEE (IN FI	ull)			Transac	tion ID : SC/10.9179			
BELL, JEFFREY,	me (Last, First, Mid	dle Initial)		☐ Memo Item	Election: 2014 Primary General			
Mailing Address 132 CHRISTIE ST					Other (specify)			
City LEONIA		State NJ	ZIP Code 07605	Э	Personal Funds of the Candidate			
Original Amount of Loan	205.00		yment To D	Oate Bala	ance Outstanding at Close of This Period			
TERMS Date Incur	¥ 2017 ¥	4 M / D D	Date Due	Interest Rate (If none, enter				
List All Endorsers or Gu 1. Full Name (Last, First		Loan Source		Name of Employer				
Mailing Address	Mailing Address			Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
2. Full Name (Last, First,	Middle Initial)	. <u></u>		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		<u> </u>		Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
SUBTOTALS This Period Tr				▶	205.00			
	ambu to LINE 2 Sah	adula D. for thi	is line If n	o Schedule D. carry for	ward to appropriate line of Summary.			

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AME OF COMMITTEE (In Full) BELL FOR SENATE			·	Trai	nsaction ID	: SC/10.9190	
BELL, JEFFREY,	Last, First, Mid	idle Initial)		☐ Memo I	X P	on: 2014 rimary eneral	
Mailing Address 132 CHRISTIE ST						ther (specify)	▼
City LEONIA		State NJ	ZIP Code 07605	9	X	Personal Fun	ds of the Candidat
Original Amount of Loan	500.00	Cumulative Pa	yment To D	0.00	Balance Ou	tstanding at	Close of This Perio
TERMS Date Incurred			Date Due	Interest		() <u> </u>	Secured:
M08M / D03D / Y	2017 Y	M M / D D	/ ¥12/3	(if none,	0.00	% (apr)	Yes N
List All Endorsers or Guaran 1. Full Name (Last, First, Mi		o Loan Source		Name of Employer			
Mailing Address	· · · · · · · · · · · · · · · · · · ·			Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	Y Y Y	* * * *	
2. Full Name (Last, First, Mid	Idle Initial)	<u></u>		Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	- 1 (f) - 1	V V V	
3. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7	^ (i) _ ^	
4. Full Name (Last, First, Mic	Idle Initial)			Name of Employer	·		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		5 O - 5	
SUBTOTALS This Period This F	Page (optional)					9-1-5-6	500.00
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CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of the Detailed Summary Page	he (check only one) X 13a			
NAME OF COMMITTEE (IN F BELL FOR SENATE	ull)			Transac	ction ID : SC/10.9201		
LOAN SOURCE Full Name (Last, First, Middle Initial) BELL, JEFFREY,				☐ Memo Item	Election: 2014 Primary General		
Mailing Address 132 CHRISTIE ST				·	Other (specify)		
City		State NJ	ZIP Code 07605	Personal Funds of the Candida			
Original Amount of Loan	500.00	Cumulative Pa	yment To D	o.00	ance Outstanding at Close of This Period		
TERMS Date Incur M09M / P11P / List All Endorsers or Gu	2017	и ^в м / D в р		Interest Rate (If none, enter			
Full Name (Last, First)				Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
2. Full Name (Last, First,	2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			<u>_</u>	Occupation Amount			
City	State	ZIP Code		Guaranteed	<u></u>		
3. Full Name (Last, First,	3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	<i>5</i>		
4. Full Name (Last, First,	Middle Initial)			Name of Employer			
Mailing Address	-			Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
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Carry outstanding balance	only to LINE 3, Sch	edule D, for th	is line. If n	o Schedule D, carry for	ward to appropriate line of Summary.		

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SCHEDULE C (FEC LOANS	Form 3)			Use separate schedule for each category of the Detailed Summary Pag	1e (check only one) x 13a
NAME OF COMMITTEE (IN F BELL FOR SENATE	•			Transac	tion ID : SC/10.9208
BELL, JEFFREY, Mailing Address 132 CHRISTIE ST	ame (Last, First, Mid	ddle Initial)		☐ Memo Item	Election: 2014 Primary General Other (specify)
City		State	ZIP Code	3	➤ Personal Funds of the Candidate
LEONIA		NJ	07605		Personal Funds of the Candidate
Original Amount of Loar	500.00	Cumulative Pa	ayment To D	oate Bala	nce Outstanding at Close of This Period
TERMS Date Incu		(Date Due	Interest Rate	
M11M / 0270 /	2017 Y	M M / D T		(If none, enter	00 % (apr)
List All Endorsers or G 1. Full Name (Last, Firs	 	O LOAN Source		Name of Employer	
Mailing Address	,			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	<u></u>
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	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 T	his Page (optional)			·· >	500.00
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Carry outstanding balance	only to LINE 3, Sc	hedule D, for th	is line. If no	o Schedule D, carry for	ward to appropriate line of Summary.

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City

City

Mailing Address

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

PAGE 21 OF 24 SCHEDULE C (FEC Form 3) Use separate schedule(s) FOR LINE NUMBER: for each category of the × (check only one) 13a LOANS **Detailed Summary Page** 13b Transaction ID: SC/10.9210 NAME OF COMMITTEE (In Full) BELL FOR SENATE LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary X BELL, JEFFREY, General Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code ✗ Personal Funds of the Candidate 07605 **LEONIA** NJ Balance Outstanding at Close of This Period Cumulative Payment To Date Original Amount of Loan 0.00 500.00 500.00 Date Due Interest Rate Secured: **TERMS** Date Incurred (If none, enter 0) 0.00 °08° ¥12/31/2018\ MO1M ¥ Yes % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed ZIP Code State City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address **Amount** Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address **Amount**

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State

State

ZIP Code

ZIP Code

Guaranteed

Outstanding: Name of Employer

Occupation

Outstanding:

Amount Guaranteed

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

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SCHEDULE C (FEC Form 3) OANS		Use separate schedule(s) for each category of the Detailed Summary Page PAGE 22 OF FOR LINE NUMBER: (check only one)	24 13a 13b	
NAME OF COMMITTEE (In Full) BELL FOR SENATE		Transaction ID : SC/10.9211		
LOAN SOURCE Full Name (Last, First, BELL, JEFFREY, Mailing Address 132 CHRISTIE ST	Middle Initial)	☐ Memo Item Election: 2018 X Primary General Other (specify) ▼		
City	State	ZIP Code 07605 Personal Funds of the Cand	didate	
Original Amount of Loan 500.00	Cumulative Pa	nent To Date Balance Outstanding at Close of This 0.00 500.00		
TERMS Date Incurred M01M / P16P / Y 2018 Y List All Endorsers or Guarantors (if an	M M / D D	Interest Rate (If none, enter 0) / Y12/31/2018] No	
Full Name (Last, First, Middle Initial) Mailing Address		Name of Employer Occupation Amount		
City	e ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial) Mailing Address		Occupation Amount Guaranteed		
City	e ZIP Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer	
Mailing Address		Occupation		
City	e ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	e ZIP Code	Amount Guaranteed Outstanding:		
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CHEDULE C (FEC Form 3) OANS			Use separate schedul for each category of t Detailed Summary Pa	he (check only one) 13a	
NAME OF COMMITTEE (In Full) BELL FOR SENATE			Transac	ction ID : SC/10.9145	
Danker, Rich, Mailing Address 4390 Lorcom Ln.	iddle Initial)		☐ Memo Item	Election: 2014 Primary General Other (specify)	
Apt 202 City Arlington	State VA	ZIP Code 22207		Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	·	te Bal	ance Outstanding at Close of This Period	
TERMS Date Incurred M07M / P26P / Y 2016 Y List All Endorsers or Guarantors (if any)	M M / D D		72010		
Full Name (Last, First, Middle Initial) Mailing Address		0	ame of Employer		
City	ZIP Code	G	mount juaranteed jutstanding:		
Full Name (Last, First, Middle Initial) Mailing Address		0	ame of Employer		
City State	ZIP Code	G	uaranteed	9	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			ccupation		
City State	ZIP Code	G	mount iuaranteed lutstanding:	<u></u>	
4. Full Name (Last, First, Middle Initial)		N	lame of Employer		
Mailing Address		O	ccupation		
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NAME OF COMMITTEE (In Full) BELL FOR SENATE	9 N
NAME OF COMMITTEE (In Full) BELL FOR SENATE	
NAME OF COMMITTEE (In Full) BELL FOR SENATE	
BELL FOR SENATE	-
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capital One Credit Card Debt	
Capital One Credit Card Debt	
Mailing Address PO Box 71083	
City State Zip Code Charlotte NC 28272	
Outstanding Balance Beginning This Period Transaction ID : SD10.5743	
3478.56	
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Pe	eriod
0.00 97.00 3381.56	7
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):	
Capital One Credit Card Debt	
Mailing Address PO Box 71083	
City State Zip Code	
Charlotte NC 28272	
Outstanding Balance Beginning This Period Transaction ID : SD10.9185	
8084.71	
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period	eriod
0.00 409.00 7675.71	7
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):	
Chase Credit Card Debt	
Mailing Address PO Box 15123	
City State Zip Code	
Wilmington DE 19850	
Outstanding Balance Beginning This Period Transaction ID : SD10.8167	
1506.84	
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period	eriod
0.00 651.00 855.84	7
1) SUBTOTALS This Period This Page (optional) ···	
2) TOTALS This Period (last page this line number only) ···	
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3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	

Faxed or Hand Delivered

HART SENATE OFFICE BUILDING
SUITE 232

United States Senate

OFFICE OF THE SECRETARY

WASHINGTION, DC 20510-7116 .
PHONE(202) 224-0322

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

41-9-18	
HAND DELIVERED Date of Receipt	
USPS FIRST CLASS MAIL	Postmark
USPS REGISTERED/CERTIFIED	· Ostillari
USPS PRIORITY MAIL	
Postmark	
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LAB	BEL
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 Received	ipt
POSTMARK ILLEGIBLE NO POSTMARK	
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OTHER	
Date of Receipt or Postmark PREPARER DATE PREPARED	4-9-18



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