

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
7 APR 19 PM 12:15
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 NJ 07650
CITY STATE ZIP CODE

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
X 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 / / in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 01 / 01 2017 through 03 / 31 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Datwyler, Thomas,
Signature of Treasurer Datwyler, Thomas, Date 04 / 13 / 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.

201704200200124371

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:

MM / DD / YYYY
01 / 01 / 2017

To:

MM / DD / YYYY
03 / 31 / 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)) ...	1125.00	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)) ...	1125.00	566149.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ...	1537.00	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)) ...	1537.00	511383.76
8. Cash on Hand at Close of Reporting Period (from Line 27)...	662.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...	12895.63	

For further information contact:

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

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

201704200200124372

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

BELL FOR SENATE

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2017

To:

MM / DD / YYYY
03 / 31 / 2017

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	1000.00	418104.93
(ii) Unitemized	125.00	83019.95
(ii) TOTAL of contributions from individuals ..	1125.00	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))..	1125.00	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)...	2125.00	601349.96

201704200200124373

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	1537.00	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) ▶	1537.00	546583.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	74.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	2125.00
25. SUBTOTAL (add Line 23 and Line 24)...	2199.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	1537.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	662.60

201704200200124374

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(a) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 19	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) Hardwick, Charles, , ,			Date of Receipt MM / DD / YYYY 01 / 17 / 2017	
Mailing Address 686 Hermitage Circle			Transaction ID : SA11A1.9161	
City Palm Beach Gardens	State FL	Zip Code 33410	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Memo Item Contribution <input type="checkbox"/>		
Name of Employer Retired	Occupation Retired		Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY	
Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code	Memo Item <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date		
Name of Employer	Occupation		Election Cycle-to-Date	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date		

Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY	
Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code	Memo Item <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date		
Name of Employer	Occupation		Election Cycle-to-Date	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

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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 6 OF 19
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) BELL, JEFFREY, , ,			Date of Receipt MM / DD / YYYY 03 / 20 / 2017		
Mailing Address 132 CHRISTIE ST			Transaction ID : SA13A.9170		
City LEONIA	State NJ	Zip Code 07605	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C S8NJ00012			Memo Item <input type="checkbox"/> Candidate Loan		
Name of Employer Bell for Senate		Occupation Candidate			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 9550.00			

Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date			

Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date			

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

201704200200124376

**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 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. Capital One		Date of Disbursement MM / DD / YYYY 01 / 18 / 2017	
Mailing Address PO Box 71083		FEC Identification Number C C00558122	
City Charlotte	State NC	Zip Code 28272	Purpose of Disbursement Credit Card Payment 001
Candidate Name BELL FOR SENATE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 00	Amount of Each Disbursement this Period 751.00		Transaction ID : SB17.9165
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Chase		Date of Disbursement MM / DD / YYYY 01 / 20 / 2017	
Mailing Address PO Box 15123		FEC Identification Number C C00558122	
City Wilmington	State DE	Zip Code 19850	Purpose of Disbursement Credit Card Payment 001
Candidate Name BELL FOR SENATE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 00	Amount of Each Disbursement this Period 367.00		Transaction ID : SB17.9166
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Chase		Date of Disbursement MM / DD / YYYY 03 / 22 / 2017	
Mailing Address PO Box 15123		FEC Identification Number C C00558122	
City Wilmington	State DE	Zip Code 19850	Purpose of Disbursement Credit Card Payment 001
Candidate Name BELL FOR SENATE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 00	Amount of Each Disbursement this Period 353.00		Transaction ID : SB17.9169
		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)...	1471.00
TOTAL This Period (last page this line number)...	

201704200200124377

**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 19			
	<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 / 23 / 2017		
Mailing Address 2213 North Glebe Road			FEC Identification Number C00558122		
City Arlington	State VA	Zip Code 22207	Purpose of Disbursement Bank Fees 001		
Candidate Name BELL FOR SENATE			Category/ Type		
Office Sought:	House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 35.00		
State: NJ	District: 00		Transaction ID : SB17.9162 <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Wells Fargo			Date of Disbursement MM / DD / YYYY 01 / 31 / 2017		
Mailing Address 2213 North Glebe Road			FEC Identification Number C00558122		
City Arlington	State VA	Zip Code 22207	Purpose of Disbursement Bank Fees 001		
Candidate Name BELL FOR SENATE			Category/ Type		
Office Sought:	House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 14.00		
State: NJ	District: 00		Transaction ID : SB17.9164 <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Wells Fargo			Date of Disbursement MM / DD / YYYY 02 / 08 / 2017		
Mailing Address 2213 North Glebe Road			FEC Identification Number C00558122		
City Arlington	State VA	Zip Code 22207	Purpose of Disbursement Bank Fees 001		
Candidate Name BELL FOR SENATE			Category/ Type		
Office Sought:	House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 3.00		
State: NJ	District: 00		Transaction ID : SB17.9167 <input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)...	52.00
TOTAL This Period (last page this line number only)...	

201704200200124378

**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 9 OF 19

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

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

NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. Wells Fargo		Date of Disbursement M M D D Y Y 02 28 2017
Mailing Address 2213 North Glebe Road		
City Arlington	State VA	Zip Code 22207
Purpose of Disbursement Bank Fees		FEC Identification Number C C00558122
Candidate Name BELL FOR SENATE	Category/ Type 001	Amount of Each Disbursement this Period 14.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.9168
State: NJ District: 00		<input type="checkbox"/> Memo Item

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

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

SUBTOTAL of Disbursements This Page (optional)...	--▶	14.00
TOTAL This Period (last page this line number)...	--▶	1537.00

20170400200124379

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/10.8296

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

BELL, JEFFREY,

Memo Item

Election: 2014

Primary

General

Other (specify) ▼

Mailing Address
132 CHRISTIE ST

City
LEONIA

State
NJ

ZIP Code
07605

Personal Funds of the Candidate

Original Amount of Loan

1500.00

Cumulative Payment To Date

1000.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(if none, enter 0)

Secured:

M 04 M

D 16 D

2015

M M

D D

12/31/2015

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.

201704200200124300

SCHEDULE C (FEC Form 3)

LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (if none, enter 0)	Secured:
	M 04 / D 12 / Y 2016	M 12 / D 31 / Y 2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

201704200200124301

SCHEDULE C (FEC Form 3)

LOANS

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

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

Mailing Address
 132 CHRISTIE ST

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

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

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

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 1100.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 1100.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 1100.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 1100.00

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.

201704200200124382

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: 2016

Primary

General

Other (specify) ▼

Mailing Address
132 CHRISTIE ST

City
LEONIA

State
NJ

ZIP Code
07605

Personal Funds of the Candidate

Original Amount of Loan

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:

08^M

10^D

2016^Y

M

12/31/2016^Y

0.00

1 % (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.

201704200200124303

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: 2016

Primary

General

Other (specify) ▼

Mailing Address
132 CHRISTIE ST

City
LEONIA

State
NJ

ZIP Code
07605

Personal Funds of the Candidate

Original Amount of Loan

600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

600.00

TERMS

Date Incurred

Date Due

Interest Rate
(if none, enter 0)

Secured:

09^M / 06^D / 2016

06^D / 2016

2016

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.

201704200200124384

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/10.9149

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

BELL, JEFFREY, ...

Memo Item

Election: 2014

Primary

General

Other (specify) ▼

Mailing Address
132 CHRISTIE ST

City
LEONIA

State
NJ

ZIP Code
07605

Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(if none, enter 0)

Secured:

M10M

D11D

Y 2016 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)...

▶▶

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

201704200200124305

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/10.9158

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

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 21 D

Y 2016 Y

M M

D D

Y 12/31/2016 Y

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)...

▶▶

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.

201704200200124300

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/10.9170**

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 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred M 03 / D 20 / Y 2017	Date Due M M / D D / Y 12/31/2017	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)...	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.

201704299299124387

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		<input type="checkbox"/> Personal Funds of the Candidate
City Arlington	State VA	

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)...	5928.00

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

201704200200124388

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

4786.79

Transaction ID : SD10.5743

Amount Incurred This Period

0.00

Payment This Period

751.00

Outstanding Balance at Close of This Period

4035.79

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chase

Nature of Debt (Purpose):
Credit Card Debt

Mailing Address PO Box 15123

City

Wilmington

State

DE

Zip Code

19850

Outstanding Balance Beginning This Period

3651.84

Transaction ID : SD10.8167

Amount Incurred This Period

0.00

Payment This Period

720.00

Outstanding Balance at Close of This Period

2931.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ...

6967.63

2) TOTALS This Period (last page this line number) ...

6967.63

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...

5928.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

12895.63

201704200200124300

PAID
ARLINGTON, VA
APR 22 2017
AMOUNT
\$6.38
R2304E100326-05



7036 0910 0002 0462 7599

Bill for Senate
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Annandale, VA 22003

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Date of Receipt Postmark

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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

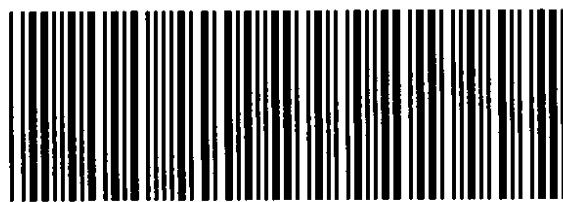
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **4-19-17**

201704200200124391



SEN PATCH



SEN PATCH

201704200200124392