

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

16 OCT 13 AM 11:36

Office Use Only

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

12FE4M5

BELL FOR SENATE

ADDRESS (number and street)

PO BOX 31

Check if different than previously reported. (ACC)

PALISADES PARK

NJ

07650

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00558122

3. IS THIS REPORT NEW OR AMENDED



NEW (N) OR



AMENDED (A)

STATE DISTRICT

NJ

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY

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

Danker, Rich, .

Signature of Treasurer

Danker, Rich, .

Handwritten signature of Rich Danker

Date

MM/DD/YYYY 10/05/2016

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

Office Use Only

FEC FORM 3 (Revised 05/2016)

201610130200401633

**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**  
07 / 01 / 2016

To:

**MM / DD / YYYY**  
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	550.00	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)) ...	550.00	566149.88
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ...	1913.31	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)) ...	1913.31	511383.76
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) ...</b>	88.60	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>	13335.63	

**For further information contact:**

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

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

201610130200401634

**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  
07 / 01 / 2016

To:

MM / DD / YYYY  
09 / 30 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	250.00	418104.93
(ii) Unitemized.....	0.00	83019.95
(iii) TOTAL of contributions from individuals	250.00	501124.88
(b) Political Party Committees...	300.00	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))..	550.00	566349.88
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ...</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate...	1200.00	35000.00
(b) All Other Loans...	368.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	1568.00	35000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.08
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...</b>	2118.00	601349.96

201610130200401635

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	1913.31	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 .....	240.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	240.00	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) ▶	2153.31	546583.76

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	123.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	2118.00
25. SUBTOTAL (add Line 23 and Line 24)...	2241.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	2153.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	88.60

201610130200401636

**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 17

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**BELL FOR SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**Bauman, Robert, ,**

Mailing Address **6278 N Federal Hwy #311**

City **Fort Lauderdale** State **FL** Zip Code **33308**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **500.00**

Date of Receipt **MM / DD / YYYY**  
**08 / 04 / 2016**

Transaction ID : **SA11AI.9129**

Amount of Each Receipt this Period **250.00**

Memo Item

**B.** 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

**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) ..... ▶ **250.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **250.00**

201610130200401637

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

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

FOR LINE NUMBER: PAGE 6 OF 17

(check only one)

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

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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: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date  
6450.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2016

Transaction ID : SA13A.9137

Amount of Each Receipt this Period  
600.00

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: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date  
7050.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2016

Transaction ID : SA13A.9138

Amount of Each Receipt this Period  
600.00

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).....▶

1200.00

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

1200.00

201610130200401638

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

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

FOR LINE NUMBER: PAGE 7 OF 17

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BELL FOR SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**Danker, Rich, , ,**

Mailing Address 4390 Lorcom Ln.  
Apt 202

City Arlington State VA Zip Code 22207

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

Name of Employer Bell for Senate Occupation Campaign Manager

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **3568.00**

Date of Receipt **07 / 26 / 2016**

Transaction ID : SA13B.9145

Amount of Each Receipt this Period **368.00**

Memo Item  
 Campaign Loan

**B.** 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

Amount of Each Receipt this Period

Memo Item

**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

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **368.00**

**TOTAL** This Period (last page this line number only)..... **368.00**

201610130200401639

**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)

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<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**

Mailing Address PO Box 71083

City Charlotte State NC Zip Code 28272

Purpose of Disbursement  
Credit Card Payment

001  
Category/  
Type

Candidate Name  
**BELL FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 00

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2016

FEC Identification Number

C C00558122

Amount of Each Disbursement this Period

799.00

Transaction ID : SB17.9140

Memo Item

Full Name (Last, First, Middle Initial)

**B. Capital One**

Mailing Address PO Box 71083

City Charlotte State NC Zip Code 28272

Purpose of Disbursement  
Credit Card Payment

001  
Category/  
Type

Candidate Name  
**BELL FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2016

FEC Identification Number

C C00558122

Amount of Each Disbursement this Period

383.00

Transaction ID : SB17.9141

Memo Item

Full Name (Last, First, Middle Initial)

**C. Chase**

Mailing Address PO Box 15123

City Wilmington State DE Zip Code 19850

Purpose of Disbursement  
Credit Card Payment

001  
Category/  
Type

Candidate Name  
**BELL FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 00

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2016

FEC Identification Number

C C00558122

Amount of Each Disbursement this Period

149.00

Transaction ID : SB17.9142

Memo Item

SUBTOTAL of Disbursements This Page (optional)...

1331.00

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

201610130200401640



**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)

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<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**

Mailing Address PO Box 15123

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 09 / 2016

City Wilmington State DE Zip Code 19850

FEC Identification Number

C C00558122
-------------

Purpose of Disbursement  
Credit Card Payment

001
Category/ Type

Amount of Each Disbursement this Period

162.00
--------

Candidate Name  
**BELL FOR SENATE**

Transaction ID : SB17.9143

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Memo Item

State: NJ District: 00

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

Mailing Address 2213 North Glebe Road

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 30 / 2016

City Arlington State VA Zip Code 22207

FEC Identification Number

C C00558122
-------------

Purpose of Disbursement  
Bank Fees

001
Category/ Type

Amount of Each Disbursement this Period

14.00
-------

Candidate Name  
**BELL FOR SENATE**

Transaction ID : SB17.9127

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Memo Item

State: NJ District: 00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y Y
-----------------------

City State Zip Code

FEC Identification Number

C
---

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)...

176.00
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TOTAL This Period (last page this line number)...

1507.00
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201610130200401641

**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)

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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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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) <b>A. Danker, Rich,</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2016
Mailing Address 4390 Lorcom Ln. Apt 202		FEC Identification Number C C00558122
City Arlington	State VA	Zip Code 22207
Purpose of Disbursement Loan Payment		Category/ Type 001
Candidate Name <b>BELL FOR SENATE</b>		Amount of Each Disbursement this Period 240.00
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) ▼	Transaction ID : SB19B.9147
State: NJ	District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		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) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional)...	240.00
<b>TOTAL</b> This Period (last page this line number only)...	240.00

201610130200401642

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : SC/10.8296

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

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 16 / Y 2015	M M / D D / Y 12/31/2015	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:	

<b>SUBTOTALS</b> This Period This Page (optional)...	500.00
<b>TOTALS</b> 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.

201610130200401643

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BELL, JEFFREY,</b>		<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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 12 / Y 2018	M M / D D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) ...	500.00
<b>TOTALS</b> 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.

201610130200401644

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

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

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 05 / D 24 / Y 2016	M M / D D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <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"/>	

<b>SUBTOTALS</b> This Period This Page (optional)...	1100.00
<b>TOTALS</b> 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.

201610130200401645

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9137**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BELL, JEFFREY,</b>		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 132 CHRISTIE ST			
City LEONIA	State NJ	ZIP Code 07605	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

<b>TERMS</b>	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)	<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: [ ]	

<b>SUBTOTALS</b> This Period This Page (optional)...	600.00
<b>TOTALS</b> 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.

201610130200401646

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9138**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BELL, JEFFREY,</b>		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 132 CHRISTIE ST			
City LEONIA	State NJ	ZIP Code 07605	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 09 / D 06 / Y 2016	M M / D D / Y 12/31/2016	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
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:	

<b>SUBTOTALS</b> This Period This Page (optional)...	600.00
<b>TOTALS</b> 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.

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**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.9145**

<b>LOAN SOURCE</b> 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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
368.00	240.00	128.00

<b>TERMS</b>	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: [ ]	

<b>SUBTOTALS</b> This Period This Page (optional)...	128.00
<b>TOTALS</b> This Period (last page in this line only)...	3428.00

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

201610130200401648



**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 <b>Capital One</b>			Nature of Debt (Purpose): Credit Card Debt
Mailing Address PO Box 71083			
City Charlotte	State NC	Zip Code 28272	

Outstanding Balance Beginning This Period <input type="text" value="7104.79"/>	Transaction ID : SD10.5743	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1182.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5922.79"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Chase</b>			Nature of Debt (Purpose): Credit Card Debt
Mailing Address PO Box 15123			
City Wilmington	State DE	Zip Code 19850	

Outstanding Balance Beginning This Period <input type="text" value="4295.84"/>	Transaction ID : SD10.8167	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="311.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3984.84"/>

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 <input type="text"/>	Transaction ID :	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional) ...	<input type="text" value="9907.63"/>
2) TOTALS This Period (last page this line number only) ...	<input type="text" value="9907.63"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...	<input type="text" value="3428.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="13335.63"/>

201610130200401649

Faxed  
or  
Hand Delivered

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 10-13-16  
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

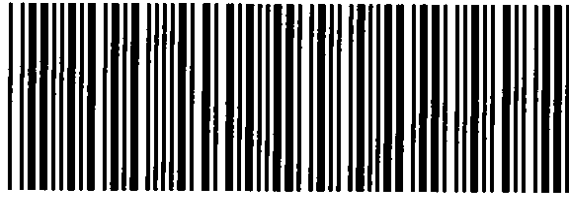
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

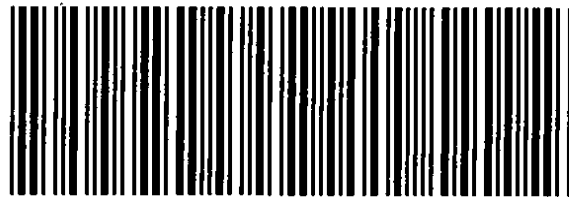
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 10-13-16

201610130200401651



SEN PATCH



SEN PATCH

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