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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Auth	orized Com	mittee		Office Use Only		
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing, ty er the lines.	/pe	12FE4M5		
BELL FOR SENATE						1	
ADDRESS (number and street)	PO BOX 31						
▼	1			1 1 1			
Check if different than previously	PALISADES PARK NJ 07650 1						
reported. (ACC)	TALIOADES TAIK				110		
. FEC IDENTIFICATION	NUMBER ▼	CITY A		S	TATE ▲	ZIP CODE ▲	
			_		_	STATE ▼ DISTRICT	
C C00558122	3	. IS THIS REPORT	NEW (N) O	R	AMENDED (A)	NJ 00 1	
. TYPE OF REPORT (C	Choose One)	10 D DDE	Florida Domaid fo	41			
(a) Quarterly Reports:	(b)	12-Day PRE	-Election Report fo	or the:			
April 15 Overtent	. Demont (O1)		Primary (12P)		General (12G	Runoff (12R)	
April 15 Quarterly	/ Report (Q1)		Convention (12C)		Special (12S))	
July 15 Quarterly	Report (Q2)						
October 15 Quar	terly Report (Q3)	Election on	M M / D	D /	YYYY	in the State of	
January 31 Year-	End Report (YE) (c)	20 Day BOS	T -Election Report	for that			
	, , , (6)	30-Day F03		ioi tiie.			
		ш	General (30G)		Runoff (30R)	Special (30S)	
X Termination Repo	ort (TER)		M M / D	D /	Y Y Y Y	in the	
		Election on				State of	
м	M / D D / Y	YYY		M M	/ D D / Y	YYY	
. Covering Period	04 01	2019	through	06	26	2019	
certify that I have examined	Datwyler, Thomas,		owledge and belie	f it is true	e, correct and co	omplete.	
ype or Print Name of Treasu	rer						
	atwyler, Thomas, , ,				M M /	26 / Y Y Y Y Y Y 2019	
Signature of Treasurer			[Electronically Filed]	<i>]</i> Da	te		
OTE: Submission of false, erro	oneous, or incomplete int	ormation may	subject the person s	signing thi	s Report to the p	penalties of 52 U.S.C. §3010	
Office						FFO FORM 6	
Use Only						FEC FORM 3 (Revised 05/2016)	

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2/39

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name BELL FOR SENATE

2019 2019 06 26 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 566349.88 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 200.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 566149.88 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 115.17 511383.76 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 115.17 511383.76 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D).....

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

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

BELL FOR SENATE

26 04 01 2019 06 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: 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 Political Party Committees..... Other Political Committees 0.00 65225.00 (such as PACs) 0.00 0.00 The Candidate..... (d) 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 0.00 35000.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 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) 0.00 601349.96 (Carry Total to Line 24, page 4).....

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	115.17	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)	115.17	546583.76	
	III. CASH SI	UMMARY		
23.	CASH ON HAND AT BEGINNING OF REPO	DRTING PERIOD	115.17	
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00	
25.	SUBTOTAL (add Line 23 and Line 24)		115.17	
	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	115.17	
26.				

SCHEDULE B (FEC Form 3)

PAGE 5 39 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 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) Date of Disbursement A. Capital One 2019 04 01 Mailing Address PO Box 71083 City State Zip Code **FEC Identification Number** NC Charlotte 28272 Purpose of Disbursement Credit Card Payment C00558122 001 Candidate Name Amount of Each Disbursement this Period Category/ **BELL FOR SENATE** Type Disbursement For: 2014 Office Sought: House 115.17 Senate Primary ✗ General X Transaction ID: SB17.9232 Other (specify) President Memo Item NJ State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 115.17 TOTAL This Period (last page this line number only)..... 115.17

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

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.8296 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary BELL, JEFFREY, , , General X Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code X Personal Funds of the Candidate NJ 07605 **LEONIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00 1000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D16^D M 04M Ž015 Y12/31/2015 x No % (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 State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.8296

(Current loan amount of 500.00 from a balance of 500.00 has been forgiven)

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

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

39

13b Transaction ID: SC/10.9121 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary BELL, JEFFREY, , , General X Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code X Personal Funds of the Candidate NJ 07605 **LEONIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D12^D M 04M ž016 Y12/31/2016 Y x No % (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 State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

: 97 'A - G7 9 @ 5 B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC F H Z G7 < 98 I @ 'C F' + H9 A - N5 H-C B

Form/Schedule: SC/10 Transaction ID: SC/10.9121

(Current loan amount of 500.00 from a balance of 500.00 has been forgiven)

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

FOR LINE NUMBER: (check only one)

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×	13a
	13b

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Transaction ID: SC/10.9119 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary BELL, JEFFREY, , , General X Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code X Personal Funds of the Candidate NJ 07605 **LEONIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1100.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D24^D M 05M ž016 Y12/31/2016 Y x No % (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 State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.9119

(Current loan amount of 1100.00 from a balance of 1100.00 has been forgiven)

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

PAGE 12 OF FOR LINE NUMBER: **X** 13a (check only one)

39

13b Transaction ID: SC/10.9137 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary BELL, JEFFREY, , , General X Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code X Personal Funds of the Candidate NJ 07605 **LEONIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 600.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D10^D M80^M ž016 Y12/31/2016 Y % (apr) No 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 State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.9137

(Current loan amount of 600.00 from a balance of 600.00 has been forgiven)

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

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

13a 13b

OF

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Transaction ID: SC/10.9138 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary BELL, JEFFREY, , , General X Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code X Personal Funds of the Candidate NJ 07605 LEONIA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 600.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D06D M09M ž016 Y12/31/2016 Y % (apr) No 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 State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.9138

(Current loan amount of 600.00 from a balance of 600.00 has been forgiven)

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

PAGE 16 FOR LINE NUMBER: **X** 13a (check only one)

39

OF

13b Transaction ID: SC/10.9149 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary BELL, JEFFREY, , , General X Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code X Personal Funds of the Candidate NJ 07605 LEONIA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D11 ^D ž016 Y12/31/2016 Y % (apr) No 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 State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.9149

(Current loan amount of 500.00 from a balance of 500.00 has been forgiven)

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

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FOR LINE NUMBER:
(check only one)

13a 13b

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NAME OF COMMITTEE (In Full) BELL FOR SENATE		Transaction ID : SC/10.9158
LOAN SOURCE Full Name (Last, First BELL, JEFFREY, , , Mailing Address 132 CHRISTIE ST	t, Middle Initial)	☐ Memo Item
132 CHRISTIE ST		
City	State	ZIP Code
LEONIA	NJ	07605 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00		0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M11M / D21D / Y Ž016 Y	M M / D D	/
List All Endorsers or Guarantors (if a		
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	te ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	I	Name of Employer
Mailing Address		Occupation
City	te ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	-	Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	onal)	0.00
TOTALS This Period (last page in this line	e only)	
Carry outstanding balance only to LINE 3	s, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SC/10 Transaction ID: SC/10.9158

(Current loan amount of 1000.00 from a balance of 1000.00 has been forgiven)

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

PAGE 20 FOR LINE NUMBER: **X** 13a (check only one)

39

OF

13b Transaction ID: SC/10.9170 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary BELL, JEFFREY, , , General X Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code X Personal Funds of the Candidate NJ 07605 **LEONIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D20^D M 03M ž017 Y12/31/2017 % (apr) No 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 State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H + CB

Form/Schedule: SC/10 Transaction ID: SC/10.9170

(Current loan amount of 1000.00 from a balance of 1000.00 has been forgiven)

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

PAGE 22 (FOR LINE NUMBER: (check only one)

13a

OF

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		135				
NAME OF COMMITTEE (In Full) BELL FOR SENATE		Transaction ID: SC/10.9179				
LOAN SOURCE Full Name (Last, First	, Middle Initial)	Memo Item Election: 2014				
BELL, JEFFREY, , ,	rimary Primary					
		General				
Mailing Address 132 CHRISTIE ST Other (specify) ▼						
City	Ctata	ZIP Code				
City	State	07605 Personal Funds of the Candidat				
LEONIA	-	1 111				
Original Amount of Loan	Cumulative Page	yment To Date Balance Outstanding at Close of This Period				
205.00		0.00				
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)				
M06 ^M / D13 ^D / Y Ž017 Y	M M / D D	/ ^V 12/31/2018 V 0.00				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	% (apr) Yes X N				
List All Endorsers or Guarantors (if a 1. Full Name (Last, First, Middle Initial	• 1	Name of Employer				
1. Tall Name (Last, First, Wildele Hillar)					
Mailing Address		Occupation				
		Amount				
City	te ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount Guaranteed				
City	te ZIP Code	Outstanding:				
3. Full Name (Last, First, Middle Initial)	l .	Name of Employer				
Mailing Address		Occupation				
City	te ZIP Code	Amount Guaranteed				
City	le ZIP Code	Outstanding:				
4. Full Name (Last, First, Middle Initial)	•	Name of Employer				
Mailing Address		Occupation				
		Amount				
City	te ZIP Code	Guaranteed Outstanding:				
· · · · · · · · · · · · · · · · · · ·	·					
SUBTOTALS This Period This Page (option	nal)	0.00				
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TOTALS This Period (last page in this line	only)	······				
Carry outstanding balance only to LINE 3	. Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.				
. ,	, —, um					

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.9179

(Current loan amount of 205.00 from a balance of 205.00 has been forgiven)

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

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FOR LINE NUMBER: (check only one)

13a

OF

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				130		
NAME OF COMMITTEE (In Full) BELL FOR SENATE			Transacti	on ID : SC/10.9190		
LOAN SOURCE Full Name (Last, Firs	t, Middle Initia	l)	Memo Item	Election: 2014		
BELL, JEFFREY, , ,	Wello item					
				General		
Mailing Address 132 CHRISTIE ST	Mailing Address 132 CHRISTIE ST					
City	City State ZIP Code			✗ Personal Funds of the Candidate		
LEONIA	NJ		7605			
Original Amount of Loan	Cumula	itive Payme	nt To Date Balance	ce Outstanding at Close of This Period		
500.00		- 2	0.00	0.00		
TERMS Date Incurred		Date	Due Interest Rate (If none, enter 0	Secured:		
^M 08 ^M / □03□ / Y Ž01Ť Y	M M /	D D /	^Y 12/31/2018 O.00)		
List All Endorsers or Guarantors (if a	anv) to Loan S	Source				
1. Full Name (Last, First, Middle Initia			Name of Employer			
Mailing Address			Occupation			
			Amount	Amount		
City	ate ZIP C	ode	Guaranteed Outstanding:	, ,		
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation			
			Amount			
City	ate ZIP C	ode	Guaranteed Outstanding:	utstanding:		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ate ZIP C	ode	Guaranteed Outstanding:	y y		
4. Full Name (Last, First, Middle Initial)			Name of Employer	Name of Employer		
Mailing Address			Occupation			
			Amount			
City	ate ZIP C	ode	Guaranteed Outstanding:	9 9		
SUBTOTALS This Period This Page (option				0.00		
TOTALS This Period (last page in this line	e only)		•	. , . , ,		
Carry outstanding balance only to LINE	3, Schedule D,	for this lin	e. If no Schedule D, carry forwa	ard to appropriate line of Summary.		

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.9190

(Current loan amount of 500.00 from a balance of 500.00 has been forgiven)

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

PAGE 26 FOR LINE NUMBER: (check only one)

13a

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OF

			130
AME OF COMMITTEE (In Full) BELL FOR SENATE			Transaction ID : SC/10.9201
LOAN SOURCE Full Name (Last, BELL, JEFFREY, , ,	First, Mid	ddle Initial)	Memo Item Election: 2014 Primary General
Mailing Address 132 CHRISTIE ST			Other (specify) ▼
City		State	ZIP Code
LEONIA		NJ	07605 Personal Funds of the Candida
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
500	.00		0.00
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
M09M / D11D / Y Z017	Υ	M M / D D	/ Y12/31/2018 O.00 % (apr) Yes N
List All Endorsers or Guarantors	(if any) t	o Loan Source	
1. Full Name (Last, First, Middle II	nitial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	itial)	1	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	itial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle In	itial)	1	Name of Employer
Mailing Address			Occupation
01.			Amount Guaranteed
City	State	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (o	optional).		0.00
FOTALS This Period (last page in this	line only	······································	
Carry outstanding balance only to LII	NE 3, Scl	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.9201

(Current loan amount of 500.00 from a balance of 500.00 has been forgiven)

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

PAGE 28 FOR LINE NUMBER: **X** 13a (check only one)

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OF

13b Transaction ID: SC/10.9208 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary BELL, JEFFREY, , , General Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code X Personal Funds of the Candidate NJ 07605 **LEONIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 0.00 ^D27^D ž017 Y12/31/2018Y % (apr) No 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 State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.9208

(Current loan amount of 500.00 from a balance of 500.00 has been forgiven)

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

PAGE 30 OF
FOR LINE NUMBER:
(check only one)

X 13a 13b

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NAME OF COMMITTEE (In Full) BELL FOR SENATE			Trans	eaction ID : SC/10.9210		
LOAN SOURCE Full Name (Last, First, M BELL, JEFFREY, , , Mailing Address 132 CHRISTIE ST	iddle Initial)		☐ Memo Ite	m Election: 2014 x Primary General Other (specify) ▼		
132 CHRISTIE ST						
City LEONIA				Y Personal Funds of the Candida		
Original Amount of Loan	Cumulative Pay	/ment To Date	В	alance Outstanding at Close of This Period		
500.00			0.00	0.00		
TERMS Date Incurred	D	ate Due	Interest Rate Secured: (If none, enter 0)			
M01M / D08D / Y Z018 Y	M M / D D	/ Y12/31/20)18 ^Y	0.00 % (apr)		
List All Endorsers or Guarantors (if any)	to Loan Source					
1. Full Name (Last, First, Middle Initial)		Nam	e of Employer			
Mailing Address		Occi	Occupation			
		Amo	Amount			
City	ZIP Code		Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Nam	Name of Employer			
Mailing Address		Occi	Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Nam	Name of Employer			
Mailing Address		Occi	Occupation			
			Amount Guaranteed Outstanding:			
City	ZIP Code					
4. Full Name (Last, First, Middle Initial)		Nam	Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ZIP Code		ranteed tanding:			
	·		-			
SUBTOTALS This Period This Page (optional)			······	0.00		
TOTALS This Period (last page in this line on	ıly)		······	7		
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no Sc	hedule D, carry fo	orward to appropriate line of Summary.		

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.9210

(Current loan amount of 500.00 from a balance of 500.00 has been forgiven)

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

PAGE 32 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.9211 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary BELL, JEFFREY, , , General Mailing Address 132 CHRISTIE ST Other (specify) City State ZIP Code X Personal Funds of the Candidate NJ 07605 **LEONIA** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D16^D M01M Ž018 Y12/31/2018Y % (apr) No 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 State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SC/10 Transaction ID: SC/10.9211

(Current loan amount of 500.00 from a balance of 500.00 has been forgiven)

Use separate schedule(s) for each category of the

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13a Detailed Summary Page X 13b Transaction ID: SC/10.9145 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Danker, Rich, , , General X Mailing Address 4390 Lorcom Ln. Other (specify) Apt 202 City State ZIP Code Personal Funds of the Candidate VA 22207 Arlington Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 368.00 240.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D26^D M 07M ž016 Y12/31/2016 Y % (apr) No 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 State ZIP Code 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 Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SC/10 Transaction ID: SC/10.9145

(Current loan amount of 128.00 from a balance of 128.00 has been forgiven)

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

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FOR LINE NUMBER:
(check only one)

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13a

X 13b Transaction ID: SC/10.9226 NAME OF COMMITTEE (In Full) **BELL FOR SENATE** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Danker, Rich, , , General X Mailing Address 4390 Lorcom Ln. Other (specify) Apt 202 City State ZIP Code Personal Funds of the Candidate VA 22207 Arlington Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 959.06 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D10^D M09M Ž018 Y12/31/2018Y x No % (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 State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) 0.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.9226

(Current loan amount of 959.06 from a balance of 959.06 has been forgiven)

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

1)

2)

3)

4)

NAI

В

luding Loans			numbered line)	x 10	
ME OF COMMITTEE (In Full)					
BELL FOR SENATE					
A. Full Name (Last, First, Middle Initial) of De		Debt (Purpose):			
Capital One				rd Debt	
Mailing Address PO Box 71083					
City	City State Zip Code				
Charlotte	NC	28272			
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.5743	
3381.56					
Amount Incurred This Period	F	Payment This Period	Outstand	Outstanding Balance at Close of This Period	
					
0.00		115.1	/	0.00	
B. Full Name (Last, First, Middle Initial) of Del	otor or Creditor		Nature of I	Debt (Purpose):	
Capital One			Credit Car		
Mailing Address PO Box 71083					
City	State	Zip Code			
Charlotte	NC	28272			
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.9185	
			Hansaci	101110 . 3010.3103	
7675.71					
Amount Incurred This Period	F	Payment This Period	Outstand	ing Balance at Close of This Period	
0.00	00	0.00			
C. Full Name (Last, First, Middle Initial) of De	ebtor or Credito	r	Nature of I	Debt (Purpose):	
			Nature of t	Sept (Luipose).	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period					
7 7		Payment This Period			
Amount Incurred This Period	Outstand	ling Balance at Close of This Period			
7 7		,		7	
SUBTOTALS This Period This Page (optional)		>	0.00	
TOTALS This Period (last page this line num		0.00			
TOTAL OUTSTANDING LOANS from Schedu	ıle C (last page	only)		7 7 7	
		••	_ ==	7	
ADD 2) and 3) and carry forward to appropr	iate line of Sum	nmary Page (last page or	nly) 🕨		

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PAGE

FOR LINE NUMBER:

(check only one)

(Use separate schedule(s)

for each

numbered line)

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: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SD10 Transaction ID: SD10.9185

(Current loan amount of 7675.71 from a balance of 7675.71 has been forgiven)