10/08/2018 10 : 52

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#### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Cor	mmittee		Office Use Only			
NAME OF COMMITTEE (in f	TYPE OR PRII	-	example: If typing, to	type 12FE4M5				
BELL FOR SEN	NATE				ı			
ADDRESS (number and	street)							
▼ Check if diffe	erent							
than previous reported. (AC		PARK	PARK NJ 07650					
2. <b>FEC IDENTIFIC</b>	ATION NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲			
C C00558122		3. IS THIS REPORT	X NEW (N)	OR AMEND (A)	STATE ▼ DISTRICT			
(a) Quarterly Rep	Quarterly Report (Q1)	(b) 12-Day <b>PR</b>	<b>E</b> -Election Report to Primary (12P)  Convention (120)	General (1				
	Quarterly Report (Q2)  15 Quarterly Report (Q3)	Election o	/	D D / Y Y Y Y	in the State of			
January	31 Year-End Report (YE)	(c) 30-Day <b>PC</b>	ST-Election Report	for the:				
			General (30G)	Runoff (30	Special (30S)			
Terminati	on Report (TER)	Election o		D D / Y Y Y Y	in the State of			
5. Covering Period	M M / D D D O1	/ Y Y Y Y Y 2018	through	M M / D D /	2018			
I certify that I have ex	amined this Report and Datwyler, The Treasurer		knowledge and beli	ief it is true, correct and	l complete.			
Signature of Treasurer	Datwyler, Thomas, , ,		[Electronically File	d] Date	/ DDD / Y Y Y Y Y Y 2018			
NOTE: Submission of fa	alse, erroneous, or incomp	lete information may	subject the person	signing this Report to the	ne penalties of 52 U.S.C. §30109			
Office Use Only					FEC FORM 3 (Revised 05/2016)			

#### **SUMMARY PAGE**

FEC Form 3 (Revised 05/2016) of Receipts and Disbursements

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Write or Type Committee Name BELL FOR SENATE

2018 2018 09 30 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 855.84 511383.76 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 511383.76 855.84 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 115.17 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 20649.33 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

PAGE 3 / 23 FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

#### **BELL FOR SENATE**

07 2018 09 30 2018 Report Covering the Period: From: To:

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
11.	CONTRIBUTIONS (other than loans) FROM:				
	(a) Individuals/Persons Other Than				
	Political Committees (i) Itemized (use Schedule A)	0.00	418104.93		
	(ii) Unitemized	0.00	83019.95		
	(iii) TOTAL of contributions from individuals	0.00	501124.88		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	65225.00		
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	566349.88		
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
	LOANS:				
	(a) Made or Guaranteed by the Candidate	0.00	35000.00		
	(b) All Other Loans	959.06	0.00		
	(c) TOTAL LOANS (add Lines 13(a) and (b))	959.06	35000.00		
	OFFSETS TO OPERATING				
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00		
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.08		
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	959.06	601349.96		

**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	855.84	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	0.00	200.00
	(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)	855.84	546583.76
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	11.95
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	959.06
25.	SUBTOTAL (add Line 23 and Line 24)		971.01
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	855.84
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	115.17

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

Any information copied from such Reports and Statements n

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 23 (check only one)  11a 11b 11c 11d 12 13a					
hay not be sold or used by any person for the purpose of soliciting contributions address of any political committee to solicit contributions from such committee.						
	Date of Receipt  09 10 2018					

or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Full Name (Last, First, Middle Initial) Danker, Rich, , , Mailing Address 4390 Lorcom Ln. Apt 202 City State Zip Code Transaction ID: SA13B.9226 V٨ 22207 Arlington FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 959.06 Name of Employer Occupation Bell for Senate Campaign Manager Memo Item Receipt For: 2014 Election Cycle-to-Date Campaign Loan **X** General Primary 4527.06 Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) -959.06 SUBTOTAL of Receipts This Page (optional)..... 959.06 TOTAL This Period (last page this line number only).....

### SCHEDULE B (FEC Form 3)

**PAGE** 6 23 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20b 20c

ITEMIZED DISBURSEMENTS 19b 20a 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 Chase 2018 09 10 Mailing Address PO Box 15123 City State Zip Code **FEC Identification Number** DF Wilmington 19850 Purpose of Disbursement Credit Card Payment C00558122 001 Candidate Name Amount of Each Disbursement this Period Category/ **BELL FOR SENATE** Type Disbursement For: 2014 855.84 Office Sought: House Senate Primary ✗ General X Transaction ID: SB17.9228 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)..... 855.84 TOTAL This Period (last page this line number only)..... 855.84

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

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×	13a
	13b

OF

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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** Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1500.00 1000.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>16<sup>D</sup> 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)..... 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.

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

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

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OF

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 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>12<sup>D</sup> 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)..... 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.

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

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(check only one)

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				130	
NAME OF COMMITTEE (In Full) BELL FOR SENATE			Transact	tion ID : SC/10.9119	
LOAN SOURCE Full Name (Last, First, Mid	ldle Initial)		Memo Item	Election: 2014	
BELL, JEFFREY, , ,		L '	Wichio Rom	Primary	
				<b>x</b> General	
Mailing Address 132 CHRISTIE ST				Other (specify) ▼	
132 OF INTOTIL OF					
City	State	ZIP Code			
LEONIA	NJ	07605		Personal Funds of the Candidate	
	Ourse dating Day		Dalas	Outstanding at Olsse of This Desiral	
Original Amount of Loan	Cumulative Pay	ment to Date	Dalai	nce Outstanding at Close of This Period	
1100.00		0.00	. 11.	1100.00	
	,				
TERMS Date Incurred	Ľ		nterest Rate If none, enter		
<sup>M</sup> 05 <sup>M</sup> / <sup>D</sup> 24 <sup>D</sup> / <sup>Y</sup> Ž016 Y	M M / D D	′ <sup>°</sup> 12/31/2016 <sup>°</sup>	0.0		
List All Endorsers or Guarantors (if any) to	o Loan Source				
Full Name (Last, First, Middle Initial)	2 Louis Course	Name of Emp	loyer		
Mailing Address		Occupation			
		A			
	770 0 1	Amount Guaranteed			
City	ZIP Code	Outstanding:		7	
2. Full Name (Last, First, Middle Initial)		Name of Emp	Name of Employer		
Mailing Address		Occupation			
		Amount Guaranteed			
City	ZIP Code	Outstanding:		7	
3. Full Name (Last, First, Middle Initial)		Name of Emp	lover		
5. Full Name (Last, First, Middle Initial)		Name of Emp	loyei		
Mailing Address		Occupation			
	1	Amount			
City	ZIP Code	Guaranteed Outstanding:		7	
4. Full Name (Last, First, Middle Initial)		Name of Emp	Name of Employer		
Mailing Address		Occupation			
		A			
City State	ZIP Code	Amount Guaranteed			
Olly	Zii Gode	Outstanding:		7	
		l .			
CURTOTAL & This Devied This Dags (entional)					
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Carry outstanding balance only to LINE 3, Sch	edule D, for this	line. If no Schedule D	, carry forw	vard to appropriate line of Summary.	

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

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**PAGE** 

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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 0.00 600.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>10<sup>D</sup> <sup>M</sup>80<sup>M</sup> 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)..... 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.

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

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OF

					•	130	
	ME OF COMMITTEE (In Full)				Transa	action ID : SC/10.9138	
E	LOAN SOURCE Full Name (Last, First, Middle Initial) BELL, JEFFREY, , ,  Mailing Address 132 CHRISTIE ST				☐ Memo Iter	Primary General	
ľ						Other (specify)   ———————————————————————————————————	
	City State ZIP Coc LEONIA NJ 07605					<b>✗</b> Personal Funds of the Candidate	
	Original Amount of Loan Cumulative Payment To				Date Ba	lance Outstanding at Close of This Period	
	600.00				0.00	600.00	
	TERMS Date Incurred Date Due			Interest Ra (If none, ent 2/31/2016 )	er 0)		
					2/31/2016	% (apr) Yes No	
_	List All Endorsers or Guarantors  1. Full Name (Last, First, Middle II		o Loan Source	Name of Employer			
	Mailing Address			Occupation			
					Amount		
	City State ZIP Code				Guaranteed Outstanding:		
2	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation  Amount Guaranteed Outstanding:  Name of Employer		
	City	State	ZIP Code				
;	3. Full Name (Last, First, Middle In	itial)	l				
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
4	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address			Occupation			
	City	State	ZIP Code		Amount Guaranteed		
					Outstanding:		
SU	BTOTALS This Period This Page (d	optional)			·····	600.00	
TO <sup>-</sup>	TALS This Period (last page in this	line only	/)		······		
Ca	rry outstanding balance only to LII	NE 3, Sch	nedule D, for this	line. If	no Schedule D, carry fo	rward to appropriate line of Summary.	

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

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**X** 13a 13b

NAME OF COMMITTEE (In Full) BELL FOR SENATE		Transaction ID : SC/10.9149
LOAN SOURCE Full Name (Last, First, BELL, JEFFREY, , ,  Mailing Address 132 CHRISTIE ST	Middle Initial)	☐ Memo Item ☐ Election: 2014 ☐ Primary ☐ General ☐ Other (specify) ▼
City	State NJ	ZIP Code 07605  Personal Funds of the Candidate
Original Amount of Loan 500.00	Cumulative Pay	byment To Date  Balance Outstanding at Close of This Period  0.00  500.00
TERMS Date Incurred	M M / D D	% (apr) Yes No
List All Endorsers or Guarantors (if an  1. Full Name (Last, First, Middle Initial)  Mailing Address	y) to Loan Source	Name of Employer  Occupation  Amount
City State  2. Full Name (Last, First, Middle Initial)	ZIP Code	Guaranteed Outstanding:
Mailing Address		Occupation
City State	ZIP Code	Guaranteed Outstanding:
S. Full Name (Last, First, Middle Initial)  Mailing Address		Name of Employer  Occupation
City	zIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)     Mailing Address		Name of Employer  Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	500.00
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.

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

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FOR LINE NUMBER:
(check only one)

13a 13b

DOAN SOURCE Full Name (Last, First, Middle Initial)   Memo Item   Election: 2014   Primary   State   ZIP Code   Comparison   Compari	NAME OF COMMITTEE (In Full) BELL FOR SENATE		Transaction ID : SC/10.9158
City   State   ZIP Code   O7605   X   Personal Funds of the Candidate   Original Amount of Loan   Cumulative Payment To Date   Balance Outstanding at Close of This Period   1000.00   1000.00   1000.00   1000.00    TERMS   Date Incurred   Date Due   Interest Rate (If none, inter 0)   1000.00   1000.00    TERMS   Date Incurred   Date Due   Interest Rate (If none, inter 0)   1000.00   X   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   Amount   Guaranteed   Outstanding:   2. Full Name (Last, First, Middle Initial)   Name of Employer    Mailing Address   Occupation   Amount   Guaranteed   Outstanding:   3. Full Name (Last, First, Middle Initial)   Name of Employer    Mailing Address   Occupation   Amount   Guaranteed   Outstanding:   4. Full Name (Last, First, Middle Initial)   Name of Employer    Mailing Address   Occupation   Amount   Guaranteed   Outstanding:   4. Full Name (Last, First, Middle Initial)   Name of Employer    Mailing Address   Occupation   Amount   Guaranteed   Outstanding:   5. Turn   5	BELL, JEFFREY, , ,	Middle Initial)	Primary  General
LEONIA  NJ 07605  Repersonal Funds of the Candidate  Original Amount of Loan  Cumulative Payment To Date  Balance Outstanding at Close of This Period  1000,00  TERMS  Date Incurred  Date Due Interest Rate (If none, onter 0)  1000,00  List All Endorsers or Guarantors (if arry) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:	132 CHRISTIE ST		Other (specify)
Original Amount of Loan  Cumulative Payment To Date  Balance Outstanding at Close of This Period  1000.00  TERMS  Date incurred  Date Due Interest Rate (If none, enter 0)  1000.00  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount  City  State  ZIP Code  Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount  City  State  ZIP Code  Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount  City  State  ZIP Code  Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount  City  State  ZIP Code  Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount  City  State  ZIP Code  Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount  City  State  ZIP Code  Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount  City  State  ZIP Code  Outstanding:  Occupation  Amount  City  State  ZIP Code  Outstanding:  Occupation  Amount  Guaranteed  Outstanding:  Occupation  Amount  Occupation  Amount  Occupation  Oc			Y Personal Funds of the Candidate
TERMS Date Incurred Date Due Interest Rate (If none, enter 0)  M11			
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Outstanding:  City  State  ZIP Code  Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Outstanding:  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Name of Employer  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:		Cumulative Pay	
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  City  State  ZIP Code  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Substotals This Period This Page (optional)  TOTALS This Period (last page in this line only)	TERMS Date Incurred	D	
Name of Employer   Name of Employer	M11M / D21D / Y Z016 Y	M M / D D	
Mailing Address  City State ZIP Code Quaranteed Qustanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Qustanding:  City State ZIP Code Quaranteed Qustanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Qustanding:  Amount Guaranteed Qustanding:  Amount Guaranteed Qustanding:  Amount Guaranteed Qustanding:  City State ZIP Code Quaranteed Qustanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Qustanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Qustanding:  Amount Guaranteed Qustanding:  Occupation  Amount Guaranteed Qustanding:  1000.00  TOTALS This Period This Page (optional)	, , ,	) to Loan Source	
City State ZIP Code Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Substotals This Period This Page (optional)  TOTALS This Period (last page in this line only)	Full Name (Last, First, Middle Initial)		Name of Employer
City State ZIP Code Outstanding:  2. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  Amount Guaranteed Outstanding:  Substotals This Period This Page (optional) 1000.00  TOTALS This Period (last page in this line only) 1000.00	Mailing Address		Occupation
Mailing Address  City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  City State ZIP Code  Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  City State ZIP Code  City State ZIP Code  City State ZIP Code  Amount Guaranteed Outstanding:  Totals This Period This Page (optional)	City	ZIP Code	Guaranteed
City State ZIP Code Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Name of Employer  Occupation  Amount Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  Substantial State	2. Full Name (Last, First, Middle Initial)		<u> </u>
City State ZIP Code Guranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amenated Outstanding:  Amount Guranteed Outstanding:  City State ZIP Code Guranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)	Mailing Address		Occupation
Mailing Address  City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Name of Employer  Occupation  Amount Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only)	City State	ZIP Code	Guaranteed
City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only)	3. Full Name (Last, First, Middle Initial)	I	Name of Employer
City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  City State ZIP Code Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional) 1000.00  TOTALS This Period (last page in this line only)	Mailing Address		Occupation
Mailing Address  Occupation  Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only)	City	ZIP Code	Guaranteed
City State ZIP Code Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional) 1000.00  TOTALS This Period (last page in this line only)	4. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer
City State ZIP Code Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional) 1000.00  TOTALS This Period (last page in this line only)	Mailing Address		Occupation
TOTALS This Period (last page in this line only)	City State	ZIP Code	Guaranteed
TOTALS This Period (last page in this line only)	SUBTOTALS This Period This Page (options	al)	1000.00
Carry outstanding halance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary	TOTALS This Period (last page in this line of	only)	
Surry Surstanding Sulance only to Enter 0, Someoule D, for this line, if no Schedule D, Carry forward to appropriate line of Sulfilliary.	Carry outstanding balance only to LINE 3.	Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

						130	
	ME OF COMMITTEE (In Full) ELL FOR SENATE				Trans	action ID : SC/10.9170	
	LOAN SOURCE Full Name (Last, First, Middle Initial) BELL, JEFFREY, , ,  Mailing Address 132 CHRISTIE ST				☐ Memo Iter	m Election: 2014  Primary  General  Other (specify) ▼	
			la				
	City State ZIP Coc LEONIA NJ 07605				X Personal Funds of the Candidate		
	Original Amount of Loan Cumulative Payment To				Date Ba	alance Outstanding at Close of This Period	
	1000.00				0.00	1000.00	
Ī	TERMS Date Incurred		D	ate Due	Interest Ra (If none, en		
	M03M / D20D / Y Z017	Υ	M M / D D	/ Y12	2/31/2Ŏ17 <sup>×</sup>	0.00 % (apr) Yes No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)		Name of Employer			
	Mailing Address				Occupation		
					Amount		
	City State ZIP Code				Guaranteed Outstanding:		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation  Amount Guaranteed Outstanding:  Name of Employer		
		1					
	City	State	ZIP Code				
	3. Full Name (Last, First, Middle In	itial)					
	Mailing Address				Occupation		
-	City	State	ZIP Code		Amount Guaranteed		
	City		Zir Code		Outstanding:	9 9	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address			Occupation			
-	0.11	0	710.0		Amount Guaranteed		
	City	State	ZIP Code		Outstanding:	9 9	
SI	JBTOTALS This Period This Page (	optional)				1000.00	
	OTALS This Period (last page in this					1000.00	
						7 7	
C	arry outstanding balance only to LII	NE 3, Sch	nedule D, for this	line. If	no Schedule D, carry fo	rward to appropriate line of Summary.	

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

FOR LINE NUMBER: (check only one)

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OF

							131
AME OF COMMITTEE (In Full) BELL FOR SENATE					Transac	ction ID : SC/10.9179	
LOAN SOURCE Full Name (Last, BELL, JEFFREY, , ,			Memo Item	Election: 2014  Primary  General  Other (specify)	<b>-</b>		
Mailing Address 132 CHRISTIE ST						— Cirici (opecity)	
City		State NJ	ZIP Coc	le		X Personal Fun	ds of the Candida
LEONIA	07605						
Original Amount of Loan	5.00	Cumulative Pay	yment Io	0.00		ance Outstanding at	Close of This Peri
TERMS Date Incurred			Date Due		Interest Rate (If none, ente		Secured:
<sup>M</sup> 06 <sup>M</sup> / □13 <sup>D</sup> / Y Ž01Ť	Υ	M M / D D	/ Y12/	′31/2018 <sup>°</sup>		.00	Yes X
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle	Initial)			Name of Em	nployer		
Mailing Address				Occupation			
211	Ta			Amount Guaranteed			
City	City State ZIP Code			Outstanding:		7	
2. Full Name (Last, First, Middle Ir	nitial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle In	nitial)			Name of Em	nployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7	
4. Full Name (Last, First, Middle Ir	nitial)			Name of Em	nployer		
Mailing Address				Occupation			
				Amount			
City State ZIP Code				Guaranteed Outstanding:	:	, ,	
SUBTOTALS This Period This Page (	(optional)				····• <b>·</b>	, , , ,	205.00
TOTALS This Period (last page in this	s line onl	y)			▶	, , , , ,	
Carry outstanding balance only to LI	NE 3, Sc	hedule D, for this	s line. If n	o Schedule	D, carry for	ward to appropriate	line of Summary

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

FOR LINE NUMBER: (check only one)

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OF

		100				
NAME OF COMMITTEE (In Full) BELL FOR SENATE		Transaction ID : SC/10.9190				
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014				
BELL, JEFFREY, , ,	Primary					
Mailing Address 132 CHRISTIE ST	Other (specify)   ———————————————————————————————————					
City	State	ZIP Code  Personal Funds of the Candidate				
LEONIA	NJ	07605				
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period				
500.00		0.00 500.00				
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)				
M08 <sup>M</sup> / D03 <sup>D</sup> / Y Ž017 Y	M M / D D	/ <sup>1</sup> / <sub>12/31/2018</sub> 0.00				
List All Endorsers or Guarantors (if any	v) to Loan Source					
Full Name (Last, First, Middle Initial)	,, to 200 000.00	Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (options	al)	500.00				
TOTALS This Period (last page in this line of	only)					
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.				

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

PAGE 17 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.9201 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 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>11 <sup>D</sup> M09M 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)..... 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.

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

FOR LINE NUMBER: (check only one)

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OF

		100		
NAME OF COMMITTEE (In Full) BELL FOR SENATE		Transaction ID : SC/10.9208		
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014		
BELL, JEFFREY, , ,		Primary		
		General		
Mailing Address 132 CHRISTIE ST	Other (specify)   ———————————————————————————————————			
City	State	ZIP Code  Personal Funds of the Candidate		
LEONIA	NJ	07605		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
500.00	500.00 0.00 500.00			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)		
M11 <sup>M</sup> / D27 <sup>D</sup> / Y Ž017 Y	M M / D D	0.00		
List All Endorsers or Guarantors (if an	v) to Loan Source			
Full Name (Last, First, Middle Initial)	<u>,,, 10 20011 0001.00</u>	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	e ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	e ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	e ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	e ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (option	nal)	500.00		
TOTALS This Period (last page in this line	only)			
Carry outstanding halance only to LINE 2	Schedule D for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

					130
NAME OF COMMITTEE (In Full) BELL FOR SENATE				Trans	action ID : SC/10.9210
LOAN SOURCE Full Name (Last	, First, Mid	Idle Initial)		☐ Memo Iter	Election: 2014
BELL, JEFFREY, , ,	Wello Reli				rimary Primary
					General
Mailing Address 132 CHRISTIE ST					Other (specify) $\blacktriangledown$
102 OF INTO THE OT					
City		State	ZIP Co	de	
LEONIA		NJ	07605		Personal Funds of the Candidate
Original Amount of Loan		Cumulative Page	yment To	Date Ba	alance Outstanding at Close of This Period
50	0.00			0.00	500.00
7				5.00	3
TERMS Date Incurred		С	Date Due	Interest Ra	
	-		T . 1707	(If none, en	·
M01 <sup>M</sup> / P08 <sup>D</sup> / Y Ž018	Ψ	м - м / В - В	/ Y12	2/31/2010	0.00 % (apr) Yes No
List All Endorsers or Guarantors	(if any) to	o Loan Source			
1. Full Name (Last, First, Middle	Initial)			Name of Employer	
Mailing Address				Occupation	
	101.1	710.0.1		Amount Guaranteed	
City	State	ZIP Code			9
2. Full Name (Last, First, Middle I	2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
Walling / tadicoo					
				Amount	
City	State	ZIP Code		Guaranteed Outstanding:	7
				Outstanding.	, , , , , , , , , , , , , , , , , , , ,
3. Full Name (Last, First, Middle I	nitial)			Name of Employer	
Mailing Address				Occupation	
Maining Address				Occupation	
				Amount	
City	State	ZIP Code		Guaranteed	
				Outstanding:	, , , , , , , , , , , , , , , , , , , ,
4. Full Name (Last, First, Middle I	4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code		Guaranteed	
Oity	Otate	Zii Code		Outstanding:	7
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
IOIALS This Period (last page in th	is inte only	·) ······			
Carry outstanding balance only to L	INE 3, Sch	edule D, for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

			138	
AME OF COMMITTEE (In Full) BELL FOR SENATE			Transaction ID : SC/10.9211	
LOAN SOURCE Full Name (Last, BELL, JEFFREY, , ,	First, Mid	ddle Initial)	☐ Memo Item	
Mailing Address 132 CHRISTIE ST			Other (specify) ▼	
City		State	ZIP Code  Personal Funds of the Candidate	
LEONIA		NJ	07605	
Original Amount of Loan Cumulative Payment To			yment To Date Balance Outstanding at Close of This Period	
500.00			0.00 500.00	
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)	
M01M / D16D / Y Ž018	Υ	M M / D D	/ Y12/31/2018	
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	
	T _	T	Amount Guaranteed	
City	State	ZIP Code	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	
	I	T=	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	City State ZIP Code Amount Guaranteed			
Oity	Siale	ZIF Code	Outstanding:	
SUBTOTALS This Period This Page (optional)				
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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.	

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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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 368.00 240.00 128.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>26<sup>D</sup> 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 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)..... 128.00 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.

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 0.00 959.06 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>10<sup>D</sup> 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)..... 959.06 TOTALS This Period (last page in this line only) ...... 9592.06 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Capital One

Capital One

Charlotte

Chase

Wilmington

City

Mailing Address PO Box 71083

Mailing Address PO Box 15123

Mailing Address PO Box 71083

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

**Excluding Loans** 

City

Charlotte

NAME OF COMMITTEE (In Full)

**BELL FOR SENATE** 

Outstanding Balance Beginning This Period

Amount Incurred This Period

Outstanding Balance Beginning This Period

Amount Incurred This Period

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

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

3381.56

7675.71

0.00

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

State

State

NC

State

DE

NC

Zip Code

28272

Payment This Period

Zip Code

28272

Payment This Period

0.00

0.00

(Use separate	"
schedule(s)	FOR LINE N
for each	(check only
numbered line)	

separate edule(s) r each pered line)	PAGE 23 OF 23  FOR LINE NUMBER: (check only one) 9  x 10					
Nature of Debt (Purpose): Credit Card Debt						
Transaction ID : SD10.5743						
Outstandi	ng Balance at Close of This Period					
	3381.56					
Nature of D Credit Card	ebt (Purpose): d Debt					
Transaction ID : SD10.9185						
Outstandi	ng Balance at Close of This Period					
	7675.71					
Nature of Debt (Purpose): Credit Card Debt						
Transaction ID : SD10.8167						
Outstandi	ng Balance at Close of This Period					

	Outstanding Balance Beginning This Period 855.84		Transaction ID : SD10.8167	
	Amount Incurred This Period  0.00	Payment This Period 855.84	Outstanding Balance at Close of This Period 0.00	
1)	SUBTOTALS This Period This Page (optional) ·	·····	11057.27	
2)	TOTALS This Period (last page this line number	er only) ·····	11057.27	
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page only)·····	9592.06	
4)	ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	20649.33	
			FEC Schedule D (Form 3) (Revised 05/2016	

Zip Code