FILER INFORMATION
Name: Jarome Bell
Status: Congressional Candidate
State/District: VA02

FILING INFORMATION
Filing Type: Amendment Report
Filing Year: 2020
Filing Date: 04/19/2020

SCHEDULE A: ASSETS AND "UNEARNED" INCOME
None disclosed.

SCHEDULE C: EARNED INCOME

<table>
<thead>
<tr>
<th>Source</th>
<th>Type</th>
<th>Amount Current Year to Filing</th>
<th>Amount Preceding Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norfolk Public Schools</td>
<td>salary</td>
<td>N/A</td>
<td>$3,099.96</td>
</tr>
<tr>
<td>Chesapeake Public Schools</td>
<td>salary</td>
<td>N/A</td>
<td>$25,628.00</td>
</tr>
<tr>
<td>DOD</td>
<td>spouse</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

SCHEDULE D: LIABILITIES
None disclosed.

SCHEDULE E: POSITIONS
None disclosed.

SCHEDULE F: AGREEMENTS
None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF $5,000 PAID BY ONE SOURCE
None disclosed.

**EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

- Yes  ❌ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

- Yes  ❌ No

**Certification and Signature**

☑️ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Jarome Bell, 04/19/2020