

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Friends of Ashley-Nicole Russell

ADDRESS (number and street)

PO Box 98328



Check if different than previously reported. (ACC)

Raleigh

NC

27624

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00926055

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

NC

01

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

M M / D D / Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2025

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2025

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 Badulis, Jocelyn, , ,

Signature of Treasurer

Badulis, Jocelyn, , ,

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

31

Y Y Y Y

2026

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)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Friends of Ashley-Nicole Russell

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 / 01 / 2025

To:

M M / D D / Y Y Y Y
12 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	49340.00	49340.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	49340.00	49340.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6809.61	6809.61
(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))	6809.61	6809.61
8. Cash on Hand at Close of Reporting Period (from Line 27)	194930.39	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	152400.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Friends of Ashley-Nicole Russell

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 / 01 / 2025

To:

M M / D D / Y Y Y Y
12 / 31 / 2025**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).....

48540.00

48540.00

(ii) Unitemized

800.00

800.00

(iii) TOTAL of contributions
from individuals ▶

49340.00

49340.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

49340.00

49340.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

152400.00

152400.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

152400.00

152400.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

201740.00

201740.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6809.61	6809.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6809.61	6809.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	201740.00
25. SUBTOTAL (add Line 23 and Line 24).....	201740.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6809.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	194930.39

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 28

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	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)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Adams, Tracie, , ,

A.

Mailing Address 6636 NC-43 S

City
GreenvilleState
NCZip Code
27858FEC ID number of contributing
federal political committee.

C

Name of Employer
Adams AppraisalsOccupation
Appraiser

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2025

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Allen, Warren, , ,

B.

Mailing Address 305 N Market St

City
WashingtonState
NCZip Code
27889FEC ID number of contributing
federal political committee.

C

Name of Employer
Elite TruckOccupation
Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2025

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Andrews, Jonathan, , ,

C.

Mailing Address 1913 Lewis Cir

City
RaleighState
NCZip Code
27608FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Management IncOccupation
Asset Management

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 05 2025

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

2300.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Chiancone, Karen, , ,

A.

Mailing Address 1510 Muirfield Dr

City

Greenville

State

NC

Zip Code

27858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Realtor

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2025

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period

1000.00



Memo Item

Full Name (Last, First, Middle Initial)

DeRonja, Frank, , Mr., Jr.

B.

Mailing Address PO Box 6462

City

Raleigh

State

NC

Zip Code

27628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Corcoran DeRonja Real Estate

Occupation

Principal Broker

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2025

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period

500.00



Memo Item

Full Name (Last, First, Middle Initial)

Hodges, Demsey, , ,

C.

Mailing Address 3520 Rock Creek Dr

City

Raleigh

State

NC

Zip Code

27609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Contractor

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		24		2025

Transaction ID : SA11AI.4159

Amount of Each Receipt this Period

1000.00



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

2500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Johnson, Carl, A, ,

A.

Mailing Address 332 Golf View Dr

City

Greenville

State

NC

Zip Code

27834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Poitotis LLC

Occupation

President/ CEO

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	5	

Transaction ID : SA11AI.4175

Amount of Each Receipt this Period

1500.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Jordan, Jerry, Alvin, ,

Mailing Address P O Box 397

City

Albemarle

State

NC

Zip Code

28002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	5	

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period

2000.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Jordan, Trudie, Evon, ,

Mailing Address P O Box 397

City

Albemarle

State

NC

Zip Code

28002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	5	

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

5500.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Kemp, Michele, , Mrs.,

A.

Mailing Address 235 Country Club Dr

City

Greenville

State

NC

Zip Code

27834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 18 2025

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Magnusson, Hanna, K, Mrs,

B.

Mailing Address 603 W Shore Dr

City

Swansboro

State

NC

Zip Code

28584

FEC ID number of contributing
federal political committee.

C

Name of Employer

Poteat Hospitality

Occupation

General Manager

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 18 2025

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

McMillan, Arthur, , , Jr.

C.

Mailing Address 624 McMillan Ln

City

Greenville

State

NC

Zip Code

27834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Landlord/Veterinarian

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 11 2025

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Michael, Ashley, , ,

A.

Mailing Address 1008 Ocean View Estates

City

Kure Beach

State

NC

Zip Code

28449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael & Russell PLLC

Occupation

Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 18 2025

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Miller, William, , Mr,

B.

Mailing Address PO Box 6340

City

Raleigh

State

NC

Zip Code

27628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miller Law Group

Occupation

Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2025

Transaction ID : SA11AI.4155

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Pierce, Lonnie, , ,

C.

Mailing Address PO Box 2789

City

Atlantic Beach

State

NC

Zip Code

28512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foundation Risk Partners

Occupation

Sales

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 18 2025

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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

5500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Pierce, Lonnie, , ,

A.

Mailing Address PO Box 2789

City

Atlantic Beach

State

NC

Zip Code

28512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foundation Risk Partners

Occupation

Sales

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2025

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Reutzel, Linda, F, ,

B.

Mailing Address 3011 Minutemen Way

City

Cape Girardeau

State

MO

Zip Code

63701

FEC ID number of contributing
federal political committee.

C

Name of Employer

FGR Mechanical

Occupation

Accountant

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 23 2025

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Russell, Ashley-Nicole, , ,

C.

Mailing Address PO Box 98328

City

Raleigh

State

NC

Zip Code

27624

FEC ID number of contributing
federal political committee.

C H6NC01140

Name of Employer

Law Offices of Ashley-Nicole R

Occupation

Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 18 2025

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

3500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

6500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Santoro, John, , ,

A.

Mailing Address 12609 Richmond Run Dr

City
Raleigh

State
NC

Zip Code
27614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iron Horse Contractors

Occupation
Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 25 2025

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Santoro, John, , ,

B.

Mailing Address 12609 Richmond Run Dr

City
Raleigh

State
NC

Zip Code
27614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iron Horse Contractors

Occupation
Owner

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 25 2025

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Smith, Karen, T, Mrs.,

C.

Mailing Address 621 Lakewood Rd

City
Oakboro

State
NC

Zip Code
28129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 18 2025

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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

7250.00

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

Use separate schedule(s)
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Smith, Karen, T, Mrs.,

A.

Mailing Address 621 Lakewood Rd

City

Oakboro

State

NC

Zip Code

28129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 18 2025

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Smith, Timothy, , ,

B.

Mailing Address 1118 Autumn Lakes Dr

City

Grimesland

State

NC

Zip Code

27837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Banilla

Occupation

Executive

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 28 2025

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Stallings, David, , ,

C.

Mailing Address 4112 Blue Ridge Rd
Ste 210

City

Raleigh

State

NC

Zip Code

27612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shenandoah

Occupation

Business Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2025

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period

3500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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

5000.00

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

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

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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Templeton, Mark, A, ,

A.

Mailing Address 334 Johnson Street

City
Boone

State
NC

Zip Code
28607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Templeton Properties

Occupation
Property Manager

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2025

Transaction ID : SA11AI.4169

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Van Horn, Matthew, I, ,

B.

Mailing Address 2106 Cowper Dr

City
Raleigh

State
NC

Zip Code
27608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Attorney

Occupation
Van Horn Law Firm

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 18 2025

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period

1760.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Van Horn, Matthew, I, ,

C.

Mailing Address 2106 Cowper Dr

City
Raleigh

State
NC

Zip Code
27608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Attorney

Occupation
Van Horn Law Firm

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 18 2025

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period

1740.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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

4000.00

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

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

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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Van Horn, Matthew, I, ,

A.

Mailing Address 2106 Cowper Dr

City
Raleigh

State
NC

Zip Code
27608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Attorney

Occupation
Van Horn Law Firm

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 09 2025

Transaction ID : SA11AI.4227

Amount of Each Receipt this Period

1740.00

☐ Memo Item
In-kind - Filing Fee

Full Name (Last, First, Middle Initial)

Van Horn, Roger, , ,

B.

Mailing Address 280 Springmoor Dr

City
Raleigh

State
NC

Zip Code
27615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2025

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period

3500.00

☐ Memo Item
Contribution earmarked through WinRed PAC

Full Name (Last, First, Middle Initial)

WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2025

Transaction ID : SA11AI.4177.0

Amount of Each Receipt this Period

3500.00

☒ Memo Item
Total earmarked through conduit. PAC limit not
affected

SUBTOTAL of Receipts This Page (optional)..... ▶

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

5240.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Walton, Billy, , , III

A. Mailing Address 2705 Forest Glen Dr

City

Greenville

State

NC

Zip Code

27858

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Sabre Group Inc

Occupation
Education

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 28 2025

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Walton, Blake, , ,

B. Mailing Address 1101 Bert Ct

City

Greenville

State

NC

Zip Code

27834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's World

Occupation
Administration

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 28 2025

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Walton, Charles, , Mr.,

C. Mailing Address 665 Cedar Ridge Dr

City

Winterville

State

NC

Zip Code

28590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sabre Group

Occupation
Childcare

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 02 2025

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Weaver, Scott, , Mr.,

A.

Mailing Address 2156 Joelene Dr

City

Rocky Mount

State

NC

Zip Code

27803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weaver Insulation Co IncOccupation
Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2025			

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

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

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

500.00

48540.00

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

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

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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Russell, Ashley-Nicole, , ,

A. Mailing Address PO Box 98328

City
Raleigh

State
NC

Zip Code
27624

FEC ID number of contributing
federal political committee.

C H6NC01140

Name of Employer
Law Offices of Ashley-Nicole R

Occupation
Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

43500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 12 2025

Transaction ID : SA13A.4162

Amount of Each Receipt this Period

40000.00

☐ Memo Item
Personal Funds

Full Name (Last, First, Middle Initial)

Russell, Ashley-Nicole, , ,

B. Mailing Address PO Box 98328

City
Raleigh

State
NC

Zip Code
27624

FEC ID number of contributing
federal political committee.

C H6NC01140

Name of Employer
Law Offices of Ashley-Nicole R

Occupation
Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

52500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 12 2025

Transaction ID : SA13A.4163

Amount of Each Receipt this Period

9000.00

☐ Memo Item
Personal Funds

Full Name (Last, First, Middle Initial)

Russell, Ashley-Nicole, , ,

C. Mailing Address PO Box 98328

City
Raleigh

State
NC

Zip Code
27624

FEC ID number of contributing
federal political committee.

C H6NC01140

Name of Employer
Law Offices of Ashley-Nicole R

Occupation
Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

113500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2025

Transaction ID : SA13A.4206

Amount of Each Receipt this Period

61000.00

☐ Memo Item
Personal Funds

SUBTOTAL of Receipts This Page (optional)..... ►

110000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

Russell, Ashley-Nicole, , ,

A. Mailing Address PO Box 98328City
RaleighState
NCZip Code
27624FEC ID number of contributing
federal political committee.

C H6NC01140

Name of Employer
Law Offices of Ashley-Nicole ROccupation
Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

155900.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2025

Transaction ID : SA13A.4207

Amount of Each Receipt this Period

42400.00

☐ Memo Item
Personal Funds

Full Name (Last, First, Middle Initial)

B. 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

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

42400.00

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

152400.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

A. AESTHETIC IMAGES PHOTOGRAPHY

Mailing Address 1117 West Cornwallis Dr

City
GreensboroState
NCZip Code
27408Purpose of Disbursement
Photography Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1863.41

Transaction ID : SB17.4184

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

569.90

Transaction ID : SB17.4188

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

4.30

Transaction ID : SB17.4190

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2437.61

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

286.90

Transaction ID : SB17.4191

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		28		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

120.90

Transaction ID : SB17.4192

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17.4193

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

448.10

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

8.30

Transaction ID : SB17.4194

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

12.30

Transaction ID : SB17.4195

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

8.30

Transaction ID : SB17.4196

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

28.90

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17.4197

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

80.60

Transaction ID : SB17.4198

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17.4199

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

141.20

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 28

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		24		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17.4200

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

140.30

Transaction ID : SB17.4201

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

80.30

Transaction ID : SB17.4202

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

260.90

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 28

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Ashley-Nicole Russell

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 Poydras St
Ste 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

140.90

Transaction ID : SB17.4203

☐ Memo Item**B. LOCAL MEDIA OUTDOOR**

Mailing Address 27 Abercom St

City
SavannahState
GAZip Code
31401Purpose of Disbursement
Advertising

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4182

☐ Memo Item**C. Van Horn, Matthew, I, ,**

Mailing Address 2106 Cowper Dr

City
RaleighState
NCZip Code
27608Purpose of Disbursement
In-kind - Filing Fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1740.00

Transaction ID : SB17.4229

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3380.90

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

6697.61

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 28

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4162

Friends of Ashley-Nicole Russell

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Russell, Ashley-Nicole, , ,

Mailing Address

PO Box 98328

City

Raleigh

State

NC

ZIP Code

27624

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 12 / 2025M M / D D / Y Y Y Y
ON DEMAND

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

40000.00

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 26 OF 28

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4163

Friends of Ashley-Nicole Russell

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Russell, Ashley-Nicole, , ,

Mailing Address

PO Box 98328

City

Raleigh

State

NC

ZIP Code

27624

☒ Personal Funds of the Candidate

Original Amount of Loan

9000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 12 / 2025M M / D D / Y Y Y Y
ON DEMAND

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

9000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 27 OF 28

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4206

Friends of Ashley-Nicole Russell

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Russell, Ashley-Nicole, , ,

Mailing Address

PO Box 98328

City

Raleigh

State

NC

ZIP Code

27624

☒ Personal Funds of the Candidate

Original Amount of Loan

61000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

61000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 31 / 2025M M / D D / Y Y Y Y
ON DEMAND

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

61000.00

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 28 OF 28

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4207

Friends of Ashley-Nicole Russell

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Russell, Ashley-Nicole, , ,

Mailing Address

PO Box 98328

City

Raleigh

State

NC

ZIP Code

27624

☒ Personal Funds of the Candidate

Original Amount of Loan

42400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

42400.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 31 / 2025M M / D D / Y Y Y Y
ON DEMAND

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

42400.00

TOTALS This Period (last page in this line only).....▶

152400.00

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