

**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

Committee to Elect Robert Wells

ADDRESS (number and street)

123 Buttermilk Pike

Check if different
than previously
reported. (ACC)

Lakeside Park

KY

41017

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00920496

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

KY

04

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
09 / 01 / 2025

through

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

Wells, Robert Stacy, , ,

Signature of Treasurer

Wells, Robert Stacy, , ,

Date

M M / D D / Y Y Y Y
01 / 30 / 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

Committee to Elect Robert Wells

Report Covering the Period:

From:

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

To:

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

	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))....	13191.15	13191.15
(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))	13191.15	13191.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	94100.68	94100.68
(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))	94100.68	94100.68
8. Cash on Hand at Close of Reporting Period (from Line 27)	19090.47	
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)	100000.00	

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

Committee to Elect Robert Wells

Report Covering the Period:

From:

M M / D D / Y Y Y Y
09 / 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).....

13041.02

13041.02

(ii) Unitemized

150.13

150.13

(iii) TOTAL of contributions
from individuals ▶

13191.15

13191.15

(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))..

13191.15

13191.15

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

100000.00

100000.00

(b) All Other Loans.....

0.00

0.00

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

100000.00

100000.00

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)..... ▶

113191.15

113191.15

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.....

94100.68

94100.68

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) ►

94100.68

94100.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

0.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

113191.15

25. SUBTOTAL (add Line 23 and Line 24).....

113191.15

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

94100.68

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

19090.47

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 14

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

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)

Committee to Elect Robert Wells

Full Name (Last, First, Middle Initial)

Cole, Eric, , ,

A.

Mailing Address 450 Bays Bend Rd

City

West Liberty

State

KY

Zip Code

41472

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wells Group, LLC

Occupation

General Manager

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 22 2025

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period

1000.00



Memo Item

Full Name (Last, First, Middle Initial)

Foster, Carey, , ,

B.

Mailing Address 1231 Ellington Ct

City

Cumming

State

GA

Zip Code

30041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Redfin

Occupation

Software Engineer

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1041.02

Date of Receipt

M M / D D / Y Y Y Y Y
10 17 2025

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period

1041.02



Memo Item

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 ▼

1171.15

Date of Receipt

M M / D D / Y Y Y Y Y
10 17 2025

Transaction ID : SA11AI.4112.0

Amount of Each Receipt this Period

1041.02



Memo Item

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

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

2041.02

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Robert Wells

Full Name (Last, First, Middle Initial)

Paquelet, Stephen, , ,

A.

Mailing Address 11849 Northcrest St NW

City

Massillon

State

OH

Zip Code

44647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

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 11 2025

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WINRED

B.

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 ▼

5171.15

Date of Receipt

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

Transaction ID : SA11AI.4120.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

Wells, Brian, , ,

C.

Mailing Address 198 Revis Rd

City

West Liberty

State

KY

Zip Code

41472

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wells Group LLC

Occupation

Vice President

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 22 2025

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period

3500.00

☐ Memo Item

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

4000.00

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

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

PAGE 7 OF 14

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Robert Wells

Full Name (Last, First, Middle Initial)

Wells, Pauletta, , ,

A.

Mailing Address 611 West Main St

City

West Liberty

State

KY

Zip Code

41472

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

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 22 2025

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period

3500.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Wells, William, , ,

Mailing Address 836 Liberty Road

City

West Liberty

State

KY

Zip Code

41472

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Wells Group, LLC

Occupation

Management

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
10 28 2025

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period

3500.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

WINRED

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 ▼

4671.15

Date of Receipt

M M / D D / Y Y Y Y Y
10 28 2025

Transaction ID : SA11AI.4116.0

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)..... ▶

7000.00

13041.02

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Robert Wells

Full Name (Last, First, Middle Initial)

Wells, Robert Stacy, , ,

A.

Mailing Address 171 Seville Ct

City

Fort Mitchell

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wells MD, LLC

Occupation

Physician

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2025

Transaction ID : SA13A.4101

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Personal Funds

Full Name (Last, First, Middle Initial)

Wells, Robert Stacy, , ,

B.

Mailing Address 171 Seville Ct

City

Fort Mitchell

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wells MD, LLC

Occupation

Physician

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

80000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2025

Transaction ID : SA13A.4126

Amount of Each Receipt this Period

60000.00

☐ Memo Item

Personal Funds

Full Name (Last, First, Middle Initial)

Wells, Robert Stacy, , ,

C.

Mailing Address 171 Seville Ct

City

Fort Mitchell

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wells MD, LLC

Occupation

Physician

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2025

Transaction ID : SA13A.4135

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Personal Funds

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

100000.00

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

100000.00

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

PAGE 9 OF 14

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Robert Wells

Full Name (Last, First, Middle Initial)

A. Harland Clarke

Mailing Address 15955 La Cantera Pkwy

City
San AntonioState
TXZip Code
78256Purpose of Disbursement
Check Order

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	0		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

339.71

Transaction ID : SB17.4129

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HPMMailing Address 850 New Burton Rd
Ste 201City
DoverState
DEZip Code
19904Purpose of Disbursement
Strategy Consulting

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	0		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5025.00

Transaction ID : SB17.4127

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HPMMailing Address 850 New Burton Rd
Ste 201City
DoverState
DEZip Code
19904Purpose of Disbursement
Direct Mail Printing

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	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

84905.00

Transaction ID : SB17.4137

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

90269.71

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 10 OF 14

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Robert Wells

Full Name (Last, First, Middle Initial)

A. HPMMailing Address 850 New Burton Rd
Ste 201City
DoverState
DEZip Code
19904Purpose of Disbursement
Printing

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		12		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB17.4140

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Secretary of State

Mailing Address 700 Capital Ave, #152

City
FrankfortState
KYZip Code
40601Purpose of Disbursement
Filing Fee

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

500.00

Transaction ID : SB17.4146

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 500 Staples Dr

City
FraminghamState
MAZip Code
01702Purpose of Disbursement
Office Supplies

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

169.59

Transaction ID : SB17.4141

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

3269.59

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 11 OF 14

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Robert Wells

Full Name (Last, First, Middle Initial)

A. Winred Technical Services

Mailing Address PO Box 9891

City
ArlingtonState
VAZip Code
22219Purpose of Disbursement
CC Transaction 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			11			2025			

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.4123

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

19.70

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

93559.00

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

PAGE 12 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4101

Committee to Elect Robert Wells

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Wells, Robert Stacy, , ,

Mailing Address

171 Seville Ct

City

Fort Mitchell

State

KY

ZIP Code

41017

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 29 / 2025

M 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).....▶

20000.00

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 13 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4126

Committee to Elect Robert Wells

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Wells, Robert Stacy, , ,

Mailing Address

171 Seville Ct

City

Fort Mitchell

State

KY

ZIP Code

41017

☒ Personal Funds of the Candidate

Original Amount of Loan

60000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 21 / 2025

M M / D D / Y Y Y Y

M 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).....▶

60000.00

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 14 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4135

Committee to Elect Robert Wells

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Wells, Robert Stacy, , ,

Mailing Address

171 Seville Ct

City

Fort Mitchell

State

KY

ZIP Code

41017

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 04 / 2025

M M / D D / Y Y Y Y

M 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).....▶

20000.00

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

100000.00

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