

FEC
FORM 3REPORT 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

BEN DEWELL FOR CONGRESS

ADDRESS (number and street)
▼
Check if different
than previously
reported. (ACC)

29591 San Joaquin Dr.

Stallion Springs

CA

93561

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00805853

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CA

20

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 10

D 01

Y 2025

through

M 12

D 31

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 Dewell, Ben, Lee, ,

Signature of Treasurer

Dewell, Ben, Lee, ,

Date

M 01

D 03

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
OnlyFEC FORM 3
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

BEN DEWELL FOR CONGRESS

Report Covering the Period: From:

M 10	/	D 01	/	Y 2025
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To:

M 12	/	D 31	/	Y 2025
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6. Net Contributions (other than loans)

- (a) Total Contributions (other than loans) (from Line 11(e))
- (b) Total Contribution Refunds (from Line 20(d))
- (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))

COLUMN A
This Period**COLUMN B**
Election Cycle-to-Date

340.00	348.80
0.00	0.00
340.00	348.80

7. Net Operating Expenditures

- (a) Total Operating Expenditures (from Line 17)
- (b) Total Offsets to Operating Expenditures (from Line 14).....
- (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))

161.07	1839.72
0.00	0.00
161.07	1839.72

8. Cash on Hand at Close of Reporting Period (from Line 27).....

1185.30

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)

2200.00

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

BEN DEWELL FOR CONGRESS

Report Covering the Period: From:

M M
10D D
01Y Y Y Y
2025

To:

M M
12D D
31Y Y Y Y
2025

I. RECEIPTS

COLUMN A
Total This PeriodCOLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A)
 - (ii) Unitemized
 - (iii) TOTAL of contributions from individuals
- (b) Political Party Committees
- (c) Other Political Committees (such as PACs)
- (d) The Candidate
- (e) TOTAL CONTRIBUTIONS (other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

0.00	229.51
340.00	119.29
340.00	348.80
0.00	0.00
0.00	0.00
0.00	0.00
340.00	348.80

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00	0.00
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13. LOANS:

- (a) Made or Guaranteed by the Candidate
- (b) All Other Loans
- (c) TOTAL LOANS
(add Lines 13(a) and (b))

0.00	1700.00
0.00	0.00
0.00	1700.00

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

0.00	0.00
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15. OTHER RECEIPTS
(Dividends, Interest, etc.)

108.87	0.00
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16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)

448.87	2048.80
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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.....	161.07	1839.72
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) ►	161.07	1839.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	897.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	448.87
25. SUBTOTAL (add Line 23 and Line 24).....	1346.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	161.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1185.30

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 5 OF 6
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4167

BEN DEWELL FOR CONGRESS

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

BEN DEWELL FOR CONGRESS

Mailing Address

29591 San Joaquin Dr.

City

Stallion Springs

State

CA

ZIP Code

93561

Election:

 Primary General Other (specify) ▼

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
(If none, enter 0)

Secured:

M M
07D D
07Y Y Y Y
2022

M M

D D

Y Y Y Y

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).....►

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.

