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

Ashley Bell for Congress

ADDRESS (number and street) ▼

4887 County Home Road

APT. D2

☐ Check if different than previously reported. (ACC)

Conover | NC | 28613 –

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00901934

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT: NC 10

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 10 / 01 / 2025 through 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: Sherwood, Gabriel, Scott, ,

Signature of Treasurer: *Sherwood, Gabriel, Scott, ,* Date: 01 / 13 / 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							

Image# 202601139793964862

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

Ashley Bell for Congress

Report Covering the Period: From: 10/01/2025 To: 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))	1205.00	7466.50
(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))	1205.00	7466.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7329.94	13773.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1773.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	7329.94	11999.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	547.90	
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)	5000.00	

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

Image# 202601139793964863

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

Ashley Bell for Congress

Report Covering the Period: From: 10/01/2025 To: 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)	1000.00	1480.00
(ii) Unitemized	205.00	4524.00
(iii) TOTAL of contributions from individuals ▶	1205.00	6004.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	1462.50
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1205.00	7466.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	5000.00	5000.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	5000.00	5000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1773.75
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	80.92
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	6205.00	14321.17

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	7329.94	13773.27
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) ▶	7329.94	13773.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1672.84
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	6205.00
25. SUBTOTAL (add Line 23 and Line 24)	7877.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	7329.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	547.90

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

NAME OF COMMITTEE (In Full)
Ashley Bell for Congress

A.
Full Name (Last, First, Middle Initial)
Pope, John, , ,
Mailing Address 1918 45th Avenue Pl NE
City: Hickory | State: NC | Zip Code: 28601
FEC ID number of contributing federal political committee: C
Name of Employer: CT Management
Occupation: Manager
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00

Date of Receipt: M M 12 / D D 02 / Y Y Y Y 2025
Transaction ID : A-210
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

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

C.
Full Name (Last, First, Middle Initial)
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) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 1000.00

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

NAME OF COMMITTEE (In Full)
Ashley Bell for Congress

A.
Full Name (Last, First, Middle Initial)
Bell, Ashley, , ,
Mailing Address 550 Liberty street
Suite 168
City: Winston Salem | State: NC | Zip Code: 27101
FEC ID number of contributing federal political committee: C H6NC10174
Name of Employer: Medical University of South Carolina
Occupation: Physician Associate
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 3962.50

Date of Receipt: 10 / 15 / 2025
Transaction ID : A-221
Amount of Each Receipt this Period: 2500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Bell, Ashley, , ,
Mailing Address 550 Liberty street
Suite 168
City: Winston Salem | State: NC | Zip Code: 27101
FEC ID number of contributing federal political committee: C H6NC10174
Name of Employer: Medical University of South Carolina
Occupation: Physician Associate
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 6462.50

Date of Receipt: 12 / 02 / 2025
Transaction ID : A-228
Amount of Each Receipt this Period: 2500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
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) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 5000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Ashley Bell for Congress

A. Full Name (Last, First, Middle Initial)
Ashley Bell for Congress

Mailing Address 4887 County Home Road
APT. D2

City: Conover | State: NC | Zip Code: 28613

Purpose of Disbursement: Transfer to new Treasurer Account

Category/Type: 001

Candidate Name: Ashley Bell for Congress

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 01 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 176.74

Transaction ID : B-180

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
North Carolina Board of Elections

Mailing Address 430 North Salisbury Street

City: Raleigh | State: NC | Zip Code: 27603

Purpose of Disbursement: Filing Fee

Category/Type: 006

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 04 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1740.00

Transaction ID : B-234

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Numero, Inc.

Mailing Address 695 Town Center Drive
Suite 1100

City: Costa Mesa | State: CA | Zip Code: 92626

Purpose of Disbursement: Credit Card Processing Fees

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 9.38

Transaction ID : B-194

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1926.12

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

Image# 202601139793964868

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Ashley Bell for Congress

A. Full Name (Last, First, Middle Initial)
Numero, Inc.
Mailing Address 695 Town Center Drive
Suite 1100
City: Costa Mesa | State: CA | Zip Code: 92626
Purpose of Disbursement: Credit Card Processing Fees
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 10 / 14 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 0.75
Transaction ID : B-195
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Numero, Inc.
Mailing Address 695 Town Center Drive
Suite 1100
City: Costa Mesa | State: CA | Zip Code: 92626
Purpose of Disbursement: Credit Card Processing Fees
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 10 / 21 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 0.75
Transaction ID : B-197
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Numero, Inc.
Mailing Address 695 Town Center Drive
Suite 1100
City: Costa Mesa | State: CA | Zip Code: 92626
Purpose of Disbursement: Credit Card Processing Fees
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 10 / 28 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 4.50
Transaction ID : B-202
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6.00

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

Image# 202601139793964869

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Ashley Bell for Congress

A. Full Name (Last, First, Middle Initial)
Numero, Inc.

Mailing Address 695 Town Center Drive
Suite 1100

City: Costa Mesa | State: CA | Zip Code: 92626

Purpose of Disbursement: Credit Card Processing Fees
Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 0.38

Transaction ID : B-204

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Numero, Inc.

Mailing Address 695 Town Center Drive
Suite 1100

City: Costa Mesa | State: CA | Zip Code: 92626

Purpose of Disbursement: Credit Card Processing Fees
Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 02 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 0.19

Transaction ID : B-207

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Numero, Inc.

Mailing Address 695 Town Center Drive
Suite 1100

City: Costa Mesa | State: CA | Zip Code: 92626

Purpose of Disbursement: Credit Card Processing Fees
Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 38.63

Transaction ID : B-212

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 39.20

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

Image# 202601139793964870

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Ashley Bell for Congress

A. Full Name (Last, First, Middle Initial)
Sherwood, Gabriel, Scott, ,

Mailing Address 4887 COUNTY HOME RD
APT. D2

City: Conover | State: NC | Zip Code: 28613

Purpose of Disbursement: Compensation

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 06 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 758.00

Transaction ID : B-218

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Sherwood, Gabriel, Scott, ,

Mailing Address 4887 COUNTY HOME RD
APT. D2

City: Conover | State: NC | Zip Code: 28613

Purpose of Disbursement: Compensation

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1500.00

Transaction ID : B-223

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Sherwood, Gabriel, Scott, ,

Mailing Address 4887 COUNTY HOME RD
APT. D2

City: Conover | State: NC | Zip Code: 28613

Purpose of Disbursement: Compensation

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 02 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : B-225

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2758.00

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

Image# 202601139793964871

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Ashley Bell for Congress

A. Full Name (Last, First, Middle Initial)
Sherwood, Gabriel, Scott, ,

Mailing Address 4887 COUNTY HOME RD
APT. D2

City: Conover | State: NC | Zip Code: 28613

Purpose of Disbursement: Compensation

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 17 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : B-226

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Sherwood, Gabriel, Scott, ,

Mailing Address 4887 COUNTY HOME RD
APT. D2

City: Conover | State: NC | Zip Code: 28613

Purpose of Disbursement: Compensation

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : B-231

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Sherwood, Gabriel, Scott, ,

Mailing Address 4887 COUNTY HOME RD
APT. D2

City: Conover | State: NC | Zip Code: 28613

Purpose of Disbursement: Compensation

Candidate Name

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 15 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : B-238

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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

Image# 202601139793964872

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Ashley Bell for Congress

A.
Full Name (Last, First, Middle Initial)
Yard Signs Plus
Mailing Address 10511 Kipp Way Street #430
City: Houston | State: TX | Zip Code: 77099
Purpose of Disbursement:
Candidate Name:
Category/Type: 006
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 10 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 396.12
Transaction ID : B-235
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Yard Signs Plus
Mailing Address 10511 Kipp Way Street #430
City: Houston | State: TX | Zip Code: 77099
Purpose of Disbursement:
Candidate Name:
Category/Type: 006
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 11 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 172.92
Transaction ID : B-237
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
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) ▶ 569.04

TOTAL This Period (last page this line number only) ▶ 6798.36

Image# 202601139793964873

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Ashley Bell for Congress

Transaction ID : C-221

LOAN SOURCE Full Name (Last, First, Middle Initial)
Bell, Ashley, , ,

[ ] Memo Item

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
550 Liberty street
Suite 168

City	State	ZIP Code
Winston Salem	NC	27101

[ ] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
10 / 15 / 2025	/ /	0.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2500.00
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.

Image# 202601139793964874

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Ashley Bell for Congress

Transaction ID : C-228

LOAN SOURCE Full Name (Last, First, Middle Initial)
Bell, Ashley, , ,

[ ] Memo Item

Mailing Address
550 Liberty street
Suite 168

City	State	ZIP Code
Winston Salem	NC	27101

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/02/2025	/ /	0.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2500.00
TOTALS This Period (last page in this line only) ▶	5000.00

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