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

MICAH ASHBY FOR SENATE 2026

ADDRESS (number and street) ▼ 15 CROSSWINDS DR

☐ Check if different than previously reported. (ACC)

CABOT | AR | 72023 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00919803

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

STATE ▼ DISTRICT: AR 00

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 03 / 03 / 2026 in the State of AR

(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 01 / 01 / 2026 through 02 / 11 / 2026

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: Cobb, Zackery, , ,

Signature of Treasurer: *Cobb, Zackery, , ,* Date: 02 / 19 / 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# 202602199834815939

SUMMARY PAGE
of Receipts and Disbursements

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

Write or Type Committee Name

MICAH ASHBY FOR SENATE 2026

Report Covering the Period: From: 01/01/2026 To: 02/11/2026

	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))	20.00	20.00
(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))	20.00	20.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	0.00
(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))	0.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	754.40	
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)	734.40	

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

Image# 202602199834815940

DETAILED SUMMARY PAGE
of Receipts

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

Write or Type Committee Name

MICAH ASHBY FOR SENATE 2026

Report Covering the Period: From: 01/01/2026 To: 02/11/2026

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)	0.00	0.00
(ii) Unitemized	20.00	20.00
(iii) TOTAL of contributions from individuals ▶	20.00	20.00
(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))	20.00	20.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	734.40	734.40
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	734.40	734.40
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) ▶	754.40	754.40

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	0.00	0.00
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) ▶	0.00	0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	0.00
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	754.40
25. SUBTOTAL (add Line 23 and Line 24)	754.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	754.40

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

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)
MICAH ASHBY FOR SENATE 2026

A.
Full Name (Last, First, Middle Initial)
ASHBY, MICAH, , ,
Mailing Address 15 CROSSWINDS DR
City: CABOT | State: AR | Zip Code: 72023
FEC ID number of contributing federal political committee: C S6AR00207
Name of Employer: Candidate
Occupation: Candidate
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 46.00

Date of Receipt: 01 / 02 / 2026
Transaction ID : SA13A.4108
Amount of Each Receipt this Period: 46.00
☐ Memo Item
Wix.com Business Plan

B.
Full Name (Last, First, Middle Initial)
ASHBY, MICAH, , ,
Mailing Address 15 CROSSWINDS DR
City: CABOT | State: AR | Zip Code: 72023
FEC ID number of contributing federal political committee: C S6AR00207
Name of Employer: Candidate
Occupation: Candidate
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 72.40

Date of Receipt: 01 / 18 / 2026
Transaction ID : SA13A.4107
Amount of Each Receipt this Period: 26.40
☐ Memo Item
Wix.com Business email

C.
Full Name (Last, First, Middle Initial)
ASHBY, MICAH, , ,
Mailing Address 15 CROSSWINDS DR
City: CABOT | State: AR | Zip Code: 72023
FEC ID number of contributing federal political committee: C S6AR00207
Name of Employer: Candidate
Occupation: Candidate
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 102.40

Date of Receipt: 01 / 25 / 2026
Transaction ID : SA13A.4105
Amount of Each Receipt this Period: 30.00
☐ Memo Item
Google Voice Premier, Wix.com

SUBTOTAL of Receipts This Page (optional) ▶ 102.40

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

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

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NAME OF COMMITTEE (In Full)
MICAH ASHBY FOR SENATE 2026

A.
Full Name (Last, First, Middle Initial)
ASHBY, MICAH, , ,
Mailing Address 15 CROSSWINDS DR
City: CABOT | State: AR | Zip Code: 72023
FEC ID number of contributing federal political committee: C S6AR00207
Name of Employer: Candidate
Occupation: Candidate
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 670.40

Date of Receipt: 01 / 26 / 2026
Transaction ID : SA13A.4101
Amount of Each Receipt this Period: 568.00
☐ Memo Item
Campaign Signs

B.
Full Name (Last, First, Middle Initial)
ASHBY, MICAH, , ,
Mailing Address 15 CROSSWINDS DR
City: CABOT | State: AR | Zip Code: 72023
FEC ID number of contributing federal political committee: C S6AR00207
Name of Employer: Candidate
Occupation: Candidate
Receipt For: 2026
☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 734.40

Date of Receipt: 02 / 02 / 2026
Transaction ID : SA13A.4104
Amount of Each Receipt this Period: 64.00
☐ Memo Item
WIX.com website business plan

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) ▶ 632.00

TOTAL This Period (last page this line number only) ▶ 734.40

Image# 202602199834815944

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)
MICAH ASHBY FOR SENATE 2026

Transaction ID : SC/10.4108

LOAN SOURCE Full Name (Last, First, Middle Initial)
ASHBY, MICAH, , ,

[ ] Memo Item

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

Mailing Address
15 CROSSWINDS DR

City	State	ZIP Code
CABOT	AR	72023

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
46.00	0.00	46.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/02/2026	11/06/2026	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) ▶	46.00
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# 202602199834815945

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)
MICAH ASHBY FOR SENATE 2026

Transaction ID : SC/10.4107

LOAN SOURCE Full Name (Last, First, Middle Initial)
ASHBY, MICAH, , ,

[ ] Memo Item

Mailing Address
15 CROSSWINDS DR

City: CABOT | State: AR | ZIP Code: 72023

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
26.40	0.00	26.40

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/18/2026	11/06/2026	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) ▶ 26.40

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# 202602199834815946

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)
MICAH ASHBY FOR SENATE 2026

Transaction ID : SC/10.4105

LOAN SOURCE Full Name (Last, First, Middle Initial)
ASHBY, MICAH, , ,

☐ Memo Item

Election: 2026
☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
15 CROSSWINDS DR

City	State	ZIP Code
CABOT	AR	72023

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30.00	0.00	30.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/25/2026	11/06/2026	0.00 % (apr)	☐ Yes ☒ 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) ▶ 30.00

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# 202602199834815947

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)
MICAH ASHBY FOR SENATE 2026

Transaction ID : SC/10.4101

LOAN SOURCE Full Name (Last, First, Middle Initial)
ASHBY, MICAH, , ,

[ ] Memo Item

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

Mailing Address
15 CROSSWINDS DR

City	State	ZIP Code
CABOT	AR	72023

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
568.00	0.00	568.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/26/2026	11/06/26	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) ▶	568.00
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# 202602199834815948

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)
MICAH ASHBY FOR SENATE 2026

Transaction ID : SC/10.4104

LOAN SOURCE Full Name (Last, First, Middle Initial)
ASHBY, MICAH, , ,

[ ] Memo Item

Mailing Address
15 CROSSWINDS DR

City	State	ZIP Code
CABOT	AR	72023

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

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
64.00	0.00	64.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/02/2026	11/06/2026	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) ▶	64.00
TOTALS This Period (last page in this line only) ▶	734.40

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