

FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

12FE4M5

NCHA, Inc. Political Action Committee - Federal

ADDRESS (number and street) 5440 Wade Park Blvd - Suite 410

▼ Check if different than previously reported. (ACC)

Raleigh

NC

27607

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 C C00194647

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/>	Feb 20 (M2)	<input type="checkbox"/>	May 20 (M5)	<input type="checkbox"/>	Aug 20 (M8)	<input type="checkbox"/>	Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/>	Mar 20 (M3)	<input type="checkbox"/>	Jun 20 (M6)	<input type="checkbox"/>	Sep 20 (M9)	<input type="checkbox"/>	Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/>	Apr 20 (M4)	<input type="checkbox"/>	Jul 20 (M7)	<input type="checkbox"/>	Oct 20 (M10)	<input type="checkbox"/>	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/>	Primary (12P)	<input type="checkbox"/>	General (12G)	<input type="checkbox"/>	Runoff (12R)
<input type="checkbox"/>	Convention (12C)	<input type="checkbox"/>	Special (12S)		

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

<input type="checkbox"/>	General (30G)	<input type="checkbox"/>	Runoff (30R)	<input type="checkbox"/>	Special (30S)
	Election on	<input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y			in the State of <input type="checkbox"/>
		<input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y			
		<input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y			in the State of <input type="checkbox"/>

5. Covering Period

 M / D / Y

through

 M / D / Y

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

Weegar, Jeffrey, , Mr.,

Signature of Treasurer

Weegar, Jeffrey, , Mr.,

Date

 M / D / Y

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 3X
Rev. 05/2016

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page **2**

Write or Type Committee Name

NCHA, Inc. Political Action Committee - Federal

Report Covering the Period: From:

M M
07D D
01Y Y Y Y Y
2025

To:

M M
12D D
31Y Y Y Y
2025**COLUMN A**
This Period**COLUMN B**
Calendar Year-to-Date

6. (a) Cash on Hand January 1,	Y Y Y Y Y 2025	5753.63
(b) Cash on Hand at Beginning of Reporting Period.....	39486.83	
(c) Total Receipts (from Line 19)	13917.87	48672.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53404.70	54425.99
7. Total Disbursements (from Line 31).....	46414.00	47435.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6990.70	6990.70
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)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NCHA, Inc. Political Action Committee - Federal

Report Covering the Period: From:

M 07 / D 01 / Y 2025

To:

M 12 / D 31 / Y 2025

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7897.05	27333.09
(ii) Unitemized	6020.82	21339.27
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....►	13917.87	48672.36
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	13917.87	48672.36
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13917.87	48672.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13917.87	48672.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	46000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	414.00	1435.29
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	46414.00	47435.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46414.00	47435.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13917.87	48672.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13917.87	48672.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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)

NCHA, Inc. Political Action Committee - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beck, Jason, , Mr.,

Mailing Address 500 Jefferson Street

City Whiteville	State NC	Zip Code 28472-3634
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 07	/	D D 03	/	Y Y Y Y 2025
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Transaction ID : 27835762

Amount of Each Receipt this Period

350.00

 Memo Item

Name of Employer (for Individual)

Columbus Regional Healthcare System

Occupation (for Individual)

President and Chief Executive Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

350.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blackburn, Mary, , Ms.,

Mailing Address 134 Argonne St

City Elkin	State NC	Zip Code 28621-3002
---------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 07	/	D D 03	/	Y Y Y Y 2025
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Transaction ID : 27835774

Amount of Each Receipt this Period

350.00

 Memo Item

Name of Employer (for Individual)

Hugh Chatham Health

Occupation (for Individual)

Vice President Operations and Chief Pi

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

350.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dobson, Joshua, Robert, ,

Mailing Address 960 Randolph Rd

City Marion	State NC	Zip Code 28752-5757
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 07	/	D D 02	/	Y Y Y Y 2025
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Transaction ID : 27835778

Amount of Each Receipt this Period

297.50

 Memo Item

Name of Employer (for Individual)

North Carolina Healthcare Association

Occupation (for Individual)

CEO

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

753.04

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

997.50

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)
NCHA, Inc. Political Action Committee - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mercer, Jonathan, , Mr., FACHE

Mailing Address 1159 Augustine Heights Dr

City Winston Salem	State NC	Zip Code 27103-5390
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 07	/	D D 07	/	Y Y Y Y 2025
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Transaction ID : 27843625

Amount of Each Receipt this Period

350.00

Memo Item

Name of Employer (for Individual)

Novant Health Clemmons Medical Center

Occupation (for Individual)

President and Chief Operating Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

350.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Haynes, Ken, , Mr., MSHA, MBA,

Mailing Address 6900 Ancient Oak Lane

City Charlotte	State NC	Zip Code 28277-0359
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 07	/	D D 16	/	Y Y Y Y 2025
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Transaction ID : 27849305

Amount of Each Receipt this Period

875.00

Memo Item

Name of Employer (for Individual)

Advocate Health

Occupation (for Individual)

Chief Enterprise Services Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

875.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pope, David, L., Mr.,

Mailing Address 315 W. Church Street

City Laurinburg	State NC	Zip Code 28352-3719
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 08	/	D D 01	/	Y Y Y Y 2025
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Transaction ID : 27875450

Amount of Each Receipt this Period

417.55

Memo Item

Name of Employer (for Individual)

Scotland Health Care System

Occupation (for Individual)

President and Chief Executive Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

417.55

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

1642.55

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)
NCHA, Inc. Political Action Committee - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dobson, Joshua, Robert ,

Mailing Address 960 Randolph Rd

City Marion	State NC	Zip Code 28752-5757
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 08	/	D D 15	/	Y Y Y Y Y 2025
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Transaction ID : 27887474

Amount of Each Receipt this Period

70.00

Memo Item

Name of Employer (for Individual)

North Carolina Healthcare Association

Occupation (for Individual)

CEO

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

823.04

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRIPPLETT, Barbara, , ,

Mailing Address 738 Holiday Island Road

City Hertford	State NC	Zip Code 27944-9334
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 08	/	D D 19	/	Y Y Y Y Y 2025
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Transaction ID : 27887484

Amount of Each Receipt this Period

35.00

Memo Item

Name of Employer (for Individual)

Sentara Albemarle Medical Center

Occupation (for Individual)

Director Risk Management

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

210.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dobson, Joshua, Robert ,

Mailing Address 960 Randolph Rd

City Marion	State NC	Zip Code 28752-5757
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 08	/	D D 29	/	Y Y Y Y Y 2025
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Transaction ID : 27900507

Amount of Each Receipt this Period

87.50

Memo Item

Name of Employer (for Individual)

North Carolina Healthcare Association

Occupation (for Individual)

CEO

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

910.54

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

192.50

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

11a 13	11b 14	11c 15	12 16	17
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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)

NCHA, Inc. Political Action Committee - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gintzig, Donald, R., Mr.,

Mailing Address 4800 Wynneford Way

City Raleigh	State NC	Zip Code 27614-9497
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 09	/	D = D 02	/	Y = Y 2025
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Transaction ID : 27900509

Amount of Each Receipt this Period

350.00

 Memo Item

Name of Employer (for Individual)

WakeMed Raleigh Campus

Occupation (for Individual)

President and Chief Executive Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

350.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dobson, Joshua, Robert, ,

Mailing Address 960 Randolph Rd

City Marion	State NC	Zip Code 28752-5757
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 09	/	D = D 15	/	Y = Y 2025
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Transaction ID : 27921830

Amount of Each Receipt this Period

105.00

 Memo Item

Name of Employer (for Individual)

North Carolina Healthcare Association

Occupation (for Individual)

CEO

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1015.54

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRIPPLETT, Barbara, , ,

Mailing Address 738 Holiday Island Road

City Hertford	State NC	Zip Code 27944-9334
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 09	/	D = D 19	/	Y = Y 2025
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Transaction ID : 27932604

Amount of Each Receipt this Period

35.00

 Memo Item

Name of Employer (for Individual)

Sentara Albemarle Medical Center

Occupation (for Individual)

Director Risk Management

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

245.00

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

490.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)
NCHA, Inc. Political Action Committee - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dobson, Joshua, Robert, ,

Mailing Address 960 Randolph Rd

City Marion	State NC	Zip Code 28752-5757
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 10	/	D D 03	/	Y Y Y Y Y 2025
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Transaction ID : 27948016

Amount of Each Receipt this Period

87.50

Memo Item

Name of Employer (for Individual)

North Carolina Healthcare Association

Occupation (for Individual)

CEO

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1103.04

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dobson, Joshua, Robert, ,

Mailing Address 960 Randolph Rd

City Marion	State NC	Zip Code 28752-5757
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 10	/	D D 15	/	Y Y Y Y Y 2025
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Transaction ID : 27952247

Amount of Each Receipt this Period

70.00

Memo Item

Name of Employer (for Individual)

North Carolina Healthcare Association

Occupation (for Individual)

CEO

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1173.04

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRIPPLETT, Barbara, , ,

Mailing Address 738 Holiday Island Road

City Hertford	State NC	Zip Code 27944-9334
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 10	/	D D 19	/	Y Y Y Y Y 2025
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Transaction ID : 27963274

Amount of Each Receipt this Period

35.00

Memo Item

Name of Employer (for Individual)

Sentara Albemarle Medical Center

Occupation (for Individual)

Director Risk Management

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

280.00

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

192.50

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)
NCHA, Inc. Political Action Committee - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dobson, Joshua, Robert ,

Mailing Address 960 Randolph Rd

City Marion	State NC	Zip Code 28752-5757
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 11	/	D D 06	/	Y Y Y Y Y 2025
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Transaction ID : 27982033

Amount of Each Receipt this Period

77.00

Memo Item

Name of Employer (for Individual) North Carolina Healthcare Association	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1250.04

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRIPPLETT, Barbara, , ,

Mailing Address 738 Holiday Island Road

City Hertford	State NC	Zip Code 27944-9334
------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 11	/	D D 19	/	Y Y Y Y Y 2025
-----------	---	-----------	---	-------------------

Transaction ID : 27987971

Amount of Each Receipt this Period

35.00

Memo Item

Name of Employer (for Individual) Sentara Albemarle Medical Center	Occupation (for Individual) Director Risk Management
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

315.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dobson, Joshua, Robert ,

Mailing Address 960 Randolph Rd

City Marion	State NC	Zip Code 28752-5757
----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 11	/	D D 14	/	Y Y Y Y Y 2025
-----------	---	-----------	---	-------------------

Transaction ID : 27987975

Amount of Each Receipt this Period

87.50

Memo Item

Name of Employer (for Individual) North Carolina Healthcare Association	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1337.54

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

199.50

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

1	2	3	4	5
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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)

NCHA, Inc. Political Action Committee - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Snyder, Erin, , Ms.,

Mailing Address 2613 Winding Oak

City Charlotte	State NC	Zip Code 28270-9720
-------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

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

Transaction ID : 27990819

Amount of Each Receipt this Period

875.00

Memo Item

Name of Employer (for Individual)

Atrium Health

Occupation (for Individual)

SVP & General Counsel - NC & GA Div

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

875.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pofahl, Walter, , ,

Mailing Address 409 Wesley Road

City Greenville	State NC	Zip Code 27858-6407
--------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 12	/	D D 02	/	Y Y Y Y Y 2025
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Transaction ID : 28002682

Amount of Each Receipt this Period

52.50

Memo Item

Name of Employer (for Individual)

ECU Health Medical Center

Occupation (for Individual)

Senior VP Medical Affairs

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

210.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Coltman, Kinneil, , Dr.,

Mailing Address 2114 Lockhart Dr.

City Charlotte	State NC	Zip Code 28203-6040
-------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

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

Transaction ID : 28002684

Amount of Each Receipt this Period

875.00

Memo Item

Name of Employer (for Individual)

Atrium Health

Occupation (for Individual)

Chief Consumer & Social Impact Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

875.00

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

1802.50

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)
NCHA, Inc. Political Action Committee - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Parkerson, John, Michael, ,

Mailing Address 1100 Metropolitan Ave
Unit 202

City Charlotte	State NC	Zip Code 28204-3352
-------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M M 12	/	D D D 01	/	Y Y Y Y Y 2025
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Transaction ID : 28002686

Amount of Each Receipt this Period

350.00

Memo Item

Name of Employer (for Individual)

Atrium Health

Occupation (for Individual)

Chief Managed Health Office

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

350.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dobson, Joshua, Robert, ,

Mailing Address 960 Randolph Rd

City Marion	State NC	Zip Code 28752-5757
----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M M 11	/	D D D 28	/	Y Y Y Y Y 2025
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Transaction ID : 28002688

Amount of Each Receipt this Period

70.00

Memo Item

Name of Employer (for Individual)

North Carolina Healthcare Association

Occupation (for Individual)

CEO

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1407.54

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smoot, Steve, , ,

Mailing Address 2731 Oxbow Ct.

City Fort Mill	State SC	Zip Code 29708-9405
-------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M M 12	/	D D D 05	/	Y Y Y Y Y 2025
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Transaction ID : 28013952

Amount of Each Receipt this Period

1750.00

Memo Item

Name of Employer (for Individual)

Atrium Health

Occupation (for Individual)

Pres. NC/GA Division

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1750.00

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

2170.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)
NCHA, Inc. Political Action Committee - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRIPPLETT, Barbara, , ,

Mailing Address 738 Holiday Island Road

City Hertford	State NC	Zip Code 27944-9334
------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 12	/	D = D 19	/	Y = Y 2025
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Transaction ID : 28023442

Amount of Each Receipt this Period

35.00

Memo Item

Name of Employer (for Individual) Sentara Albemarle Medical Center	Occupation (for Individual) Director Risk Management
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

350.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brooks, Clyde, Long, Dr., Jr., MD

Mailing Address CARTERET HEALTH CARE
3500 ARENDELL STREET

City MOREHEAD CITY	State NC	Zip Code 28557-2901
-----------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 12	/	D = D 29	/	Y = Y 2025
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Transaction ID : 28028136

Amount of Each Receipt this Period

175.00

Memo Item

Name of Employer (for Individual) Carteret Health Care	Occupation (for Individual) Vice President, Medical Affairs
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

245.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M	/	D = D	/	Y = Y
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Amount of Each Receipt this Period

210.00

Memo Item

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify)	

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	7897.05

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 15 OF 24

 21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

NCHA, Inc. Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. AHAPAC-American Hospital Association FEDERAL
 Mailing Address 800 10th Street, NW
 Two City Center, Suite 400

City Washington State DC Zip Code 20001-4956

Purpose of Disbursement

Date of Disbursement

 M M / D D / Y Y Y Y Y Y
 07 07 2025

Candidate Name

 Category/
Type
011

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State: District:

FEC Identification Number

 C C00106146

Transaction ID : 27835827

Amount of Each Disbursement this Period

35000.00

 Memo Item

Full Name (Last, First, Middle Initial)

B. AHAPAC-American Hospital Association FEDERAL
 Mailing Address 800 10th Street, NW
 Two City Center, Suite 400

City Washington State DC Zip Code 20001-4956

Purpose of Disbursement

Date of Disbursement

 M M / D D / Y Y Y Y Y Y
 07 07 2025

Void - AHAPAC-American Hospital Association FEDERAL

Candidate Name

 Category/
Type
011

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State: District:

FEC Identification Number

 C C00106146

Transaction ID : 27835831

Amount of Each Disbursement this Period

- 35000.00

 Memo Item Void - AHAPAC-American Hospital Association FEDERAL

Full Name (Last, First, Middle Initial)

C. AHAPAC-American Hospital Association FEDERAL
 Mailing Address 800 10th Street, NW
 Two City Center, Suite 400

City Washington State DC Zip Code 20001-4956

Purpose of Disbursement

Date of Disbursement

 M M / D D / Y Y Y Y Y Y
 07 07 2025

Candidate Name

 Category/
Type
011

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State: District:

FEC Identification Number

 C C00106146

Transaction ID : 27835833

Amount of Each Disbursement this Period

35000.00

 Memo Item

SUBTOTAL of Disbursements This Page (optional) ►

35000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 16 OF 24

 21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

NCHA, Inc. Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. AHAPAC-American Hospital Association FEDERAL
 Mailing Address 800 10th Street, NW
 Two City Center, Suite 400

City Washington State DC Zip Code 20001-4956

Purpose of Disbursement

011

Category/
Type
 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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 Y Y
 12 08 2025

FEC Identification Number

 C C00106146

Transaction ID : 28010110

Amount of Each Disbursement this Period

11000.00

 Memo Item

Date of Disbursement

 M M / D D / Y Y Y Y Y Y

FEC Identification Number

 C

Amount of Each Disbursement this Period

 Memo Item

Date of Disbursement

 M M / D D / Y Y Y Y Y Y

FEC Identification Number

 C

Amount of Each Disbursement this Period

 Memo Item

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

11000.00

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

46000.00

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 24

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

NCHA, Inc. Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
------------------	-------------	------------------------

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Date of Disbursement

<input type="checkbox"/>	M M 07	/	<input type="checkbox"/>	D D 07	/	<input type="checkbox"/>	Y Y Y Y Y Y 2025
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FEC Identification Number

<input type="checkbox"/>	C
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Transaction ID : 27835779

Amount of Each Disbursement this Period

42.70

Merchant Fees

Memo Item

Office Sought: House
 Senate
 President

Disbursement For: Primary
 General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
------------------	-------------	------------------------

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Date of Disbursement

<input type="checkbox"/>	M M 07	/	<input type="checkbox"/>	D D 09	/	<input type="checkbox"/>	Y Y Y Y Y Y 2025
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FEC Identification Number

<input type="checkbox"/>	C
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Transaction ID : 27843634

Amount of Each Disbursement this Period

20.29

Merchant Fees

Memo Item

Office Sought: House
 Senate
 President

Disbursement For: Primary
 General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
------------------	-------------	------------------------

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Date of Disbursement

<input type="checkbox"/>	M M 07	/	<input type="checkbox"/>	D D 16	/	<input type="checkbox"/>	Y Y Y Y Y Y 2025
--------------------------	-----------	---	--------------------------	-----------	---	--------------------------	---------------------

FEC Identification Number

<input type="checkbox"/>	C
--------------------------	---

Transaction ID : 27849312

Amount of Each Disbursement this Period

41.82

Merchant Fees

Memo Item

Office Sought: House
 Senate
 President

Disbursement For: Primary
 General
 Other (specify) ▼

State: District:

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

104.81

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

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SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 24

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

NCHA, Inc. Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
------------------	-------------	------------------------

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

State: District:

Date of Disbursement

<input type="checkbox"/> M M 07	/	<input type="checkbox"/> D D 24	/	<input type="checkbox"/> Y Y Y Y Y 2025
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FEC Identification Number

C

Transaction ID : 27856054

Amount of Each Disbursement this Period

20.30

Merchant Fees

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
------------------	-------------	------------------------

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

State: District:

Date of Disbursement

<input type="checkbox"/> M M 07	/	<input type="checkbox"/> D D 31	/	<input type="checkbox"/> Y Y Y Y Y 2025
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FEC Identification Number

C

Transaction ID : 27865968

Amount of Each Disbursement this Period

1.86

Merchant Fees

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
------------------	-------------	------------------------

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

State: District:

Date of Disbursement

<input type="checkbox"/> M M 08	/	<input type="checkbox"/> D D 06	/	<input type="checkbox"/> Y Y Y Y Y 2025
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FEC Identification Number

C

Transaction ID : 27875439

Amount of Each Disbursement this Period

31.55

Merchant Fees

Memo Item

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

53.71

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

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SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 24

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

NCHA, Inc. Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
------------------	-------------	------------------------

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
------------------	-------------	------------------------

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
------------------	-------------	------------------------

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

M M 08	/	D D 20	/	Y Y Y Y Y 2025
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FEC Identification Number

C

Transaction ID : 27887432

Amount of Each Disbursement this Period

39.97

Merchant Fees
 Memo Item

Date of Disbursement

M M 08	/	D D 27	/	Y Y Y Y Y 2025
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FEC Identification Number

C

Transaction ID : 27897448

Amount of Each Disbursement this Period

3.04

Merchant Fees
 Memo Item

Date of Disbursement

M M 09	/	D D 04	/	Y Y Y Y Y 2025
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FEC Identification Number

C

Transaction ID : 27900510

Amount of Each Disbursement this Period

19.24

Merchant Fees
 Memo Item

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

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

62.25

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SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 24

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

NCHA, Inc. Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
------------------	-------------	------------------------

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
------------------	-------------	------------------------

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
------------------	-------------	------------------------

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

M M M 09	/	D D D 10	/	Y Y Y Y Y Y 2025
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FEC Identification Number

C

Transaction ID : 27912783

Amount of Each Disbursement this Period

2.70

Merchant Fees
 Memo Item

Date of Disbursement

M M M 09	/	D D D 18	/	Y Y Y Y Y Y 2025
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FEC Identification Number

C

Transaction ID : 27921834

Amount of Each Disbursement this Period

8.44

Merchant Fees
 Memo Item

Date of Disbursement

M M M 09	/	D D D 26	/	Y Y Y Y Y Y 2025
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FEC Identification Number

C

Transaction ID : 27932606

Amount of Each Disbursement this Period

1.18

Merchant Fees
 Memo Item

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

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

12.32

12.32

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

NCHA, Inc. Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
------------------	-------------	------------------------

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

State: District:

Date of Disbursement

M M 10	/ D D 08	/ Y Y Y Y Y 2025
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FEC Identification Number

C

Transaction ID : 27948006

Amount of Each Disbursement this Period

6.57

Merchant Fees

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
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Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

State: District:

Date of Disbursement

M M 10	/ D D 16	/ Y Y Y Y Y 2025
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FEC Identification Number

C

Transaction ID : 27952245

Amount of Each Disbursement this Period

2.19

Merchant Fees

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
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Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

State: District:

Date of Disbursement

M M 10	/ D D 22	/ Y Y Y Y Y 2025
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FEC Identification Number

C

Transaction ID : 27963272

Amount of Each Disbursement this Period

1.18

Merchant Fees

Memo Item

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

9.94

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

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SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

NCHA, Inc. Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
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Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary
 General
 Other (specify) ▼

State: District:

Date of Disbursement

<input type="checkbox"/>	M M	/	<input type="checkbox"/>	D D	/	<input type="checkbox"/>	Y Y Y Y Y Y
	11			03			2025

FEC Identification Number

C

Transaction ID : 27976889

Amount of Each Disbursement this Period

1.43

Merchant Fees

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
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Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary
 General
 Other (specify) ▼

State: District:

Date of Disbursement

<input type="checkbox"/>	M M	/	<input type="checkbox"/>	D D	/	<input type="checkbox"/>	Y Y Y Y Y Y
	11			12			2025

FEC Identification Number

C

Transaction ID : 27982040

Amount of Each Disbursement this Period

13.20

Merchant Fees

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
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Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary
 General
 Other (specify) ▼

State: District:

Date of Disbursement

<input type="checkbox"/>	M M	/	<input type="checkbox"/>	D D	/	<input type="checkbox"/>	Y Y Y Y Y Y
	11			19			2025

FEC Identification Number

C

Transaction ID : 27987969

Amount of Each Disbursement this Period

9.28

Merchant Fees

Memo Item

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

23.91

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

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SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 24

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

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NCHA, Inc. Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
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Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary
 General
 Other (specify) ▼

State: District:

Date of Disbursement

<input type="checkbox"/>	M M	/	<input type="checkbox"/>	D D	/	<input type="checkbox"/>	Y Y Y Y Y Y
	11			26			2025

FEC Identification Number

C
Transaction ID : 27990824

Amount of Each Disbursement this Period

30.35

Merchant Fees
 Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
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Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary
 General
 Other (specify) ▼

State: District:

Date of Disbursement

<input type="checkbox"/>	M M	/	<input type="checkbox"/>	D D	/	<input type="checkbox"/>	Y Y Y Y Y Y
	12			03			2025

FEC Identification Number

C
Transaction ID : 28002692

Amount of Each Disbursement this Period

40.31

Merchant Fees
 Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
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Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary
 General
 Other (specify) ▼

State: District:

Date of Disbursement

<input type="checkbox"/>	M M	/	<input type="checkbox"/>	D D	/	<input type="checkbox"/>	Y Y Y Y Y Y
	12			11			2025

FEC Identification Number

C
Transaction ID : 28013973

Amount of Each Disbursement this Period

50.75

Merchant Fees
 Memo Item

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

121.41

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

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SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 24

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

NCHA, Inc. Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
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Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City San Jose	State CA	Zip Code 95131-2021
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Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

M M 12	/	D D 26	/	Y Y Y Y Y 2025
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FEC Identification Number

C
Transaction ID : 28023443

Amount of Each Disbursement this Period

20.42

Merchant Fees

Memo Item

Date of Disbursement

M M 12	/	D D 29	/	Y Y Y Y Y 2025
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FEC Identification Number

C
Transaction ID : 28028137

Amount of Each Disbursement this Period

5.23

Merchant Fees

Memo Item

Date of Disbursement

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FEC Identification Number

C
Transaction ID : 28028137

Amount of Each Disbursement this Period

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Memo Item

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

25.65

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

414.00