

**FEC
FORM 3X****REPORT 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
REPORTNEW
(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:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y 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 M M /

D D D /

Y Y Y Y Y Y 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:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
12 / 31 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 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	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	5

To:

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

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 24
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 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
WhitevilleState
NCZip Code
28472-3634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbus Regional Healthcare SystemOccupation (for Individual)
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

B. Blackburn, Mary, , Ms.,

Mailing Address 134 Argonne St

City
ElkinState
NCZip Code
28621-3002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hugh Chatham HealthOccupation (for Individual)
Vice President Operations and Chief Pi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

C. Dobson, Joshua, Robert, ,

Mailing Address 960 Randolph Rd

City
MarionState
NCZip Code
28752-5757FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Carolina Healthcare AssociationOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

753.04

Date of Receipt

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

Amount of Each Receipt this Period

297.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

997.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 24
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 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 SalemState
NCZip Code
27103-5390FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Novant Health Clemmons Medical CenterOccupation (for Individual)
President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Amount of Each Receipt this Period

350.00

☐ Memo Item

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
CharlotteState
NCZip Code
28277-0359FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advocate HealthOccupation (for Individual)
Chief Enterprise Services Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Amount of Each Receipt this Period

875.00

☐ Memo Item

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

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

Mailing Address 315 W. Church Street

City
LaurinburgState
NCZip Code
28352-3719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scotland Health Care SystemOccupation (for Individual)
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

417.55

Date of Receipt

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

Amount of Each Receipt this Period

417.55

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1642.55

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)
☒ 11a ☐ 11b ☐ 11c ☐ 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

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Carolina Healthcare Association

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

823.04

Date of Receipt

MM / DD / YYYY
08 / 15 / 2025

Transaction ID : 27887474

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

B. TRIPLETT, Barbara, , ,

Mailing Address 738 Holiday Island Road

City
Hertford

State
NC

Zip Code
27944-9334

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sentara Albemarle Medical Center

Occupation (for Individual)
Director Risk Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2025

Transaction ID : 27887484

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

Name of Employer (for Individual)
North Carolina Healthcare Association

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

910.54

Date of Receipt

MM / DD / YYYY
08 / 29 / 2025

Transaction ID : 27900507

Amount of Each Receipt this Period

87.50

☐ Memo Item

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

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

192.50

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)

☒ 11a ☐ 11b ☐ 11c ☐ 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

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WakeMed Raleigh Campus

Occupation (for Individual)

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 02 / 2025

Transaction ID : 27900509

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

Name of Employer (for Individual)

North Carolina Healthcare Association

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.54

Date of Receipt

MM / DD / YYYY
09 / 15 / 2025

Transaction ID : 27921830

Amount of Each Receipt this Period

105.00

☐ Memo Item

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

C. TRIPLETT, Barbara, , ,

Mailing Address 738 Holiday Island Road

City
Hertford

State
NC

Zip Code
27944-9334

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sentara Albemarle Medical Center

Occupation (for Individual)

Director Risk Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
09 / 19 / 2025

Transaction ID : 27932604

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

490.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 24
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 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
MarionState
NCZip Code
28752-5757FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Carolina Healthcare AssociationOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1103.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2025

Transaction ID : 27948016

Amount of Each Receipt this Period

87.50

☐ Memo Item

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

B. Dobson, Joshua, Robert, ,

Mailing Address 960 Randolph Rd

City
MarionState
NCZip Code
28752-5757FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Carolina Healthcare AssociationOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1173.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2025

Transaction ID : 27952247

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

C. TRIPLETT, Barbara, , ,

Mailing Address 738 Holiday Island Road

City
HertfordState
NCZip Code
27944-9334FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sentara Albemarle Medical CenterOccupation (for Individual)
Director Risk Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2025

Transaction ID : 27963274

Amount of Each Receipt this Period

35.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

192.50

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Carolina Healthcare Association

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

11 / 06 / 2025

Transaction ID : 27982033

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

B. TRIPLETT, Barbara, , ,

Mailing Address 738 Holiday Island Road

City
Hertford

State
NC

Zip Code
27944-9334

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sentara Albemarle Medical Center

Occupation (for Individual)
Director Risk Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

11 / 19 / 2025

Transaction ID : 27987971

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

Name of Employer (for Individual)
North Carolina Healthcare Association

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1337.54

Date of Receipt

11 / 14 / 2025

Transaction ID : 27987975

Amount of Each Receipt this Period

87.50

☐ Memo Item

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

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

199.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 24
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 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
CharlotteState
NCZip Code
28270-9720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium HealthOccupation (for Individual)
SVP & General Counsel - NC & GA Div

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2025**Transaction ID : 27990819**

Amount of Each Receipt this Period

875.00

☐ Memo Item

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

B. Pofahl, Walter, , ,

Mailing Address 409 Wesley Road

City
GreenvilleState
NCZip Code
27858-6407FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ECU Health Medical CenterOccupation (for Individual)
Senior VP Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Amount of Each Receipt this Period

52.50

☐ Memo Item

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

C. Coltman, Kinneil, , Dr.,

Mailing Address 2114 Lockhart Dr.

City
CharlotteState
NCZip Code
28203-6040FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium HealthOccupation (for Individual)
Chief Consumer & Social Impact Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2025**Transaction ID : 28002684**

Amount of Each Receipt this Period

875.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1802.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 24
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 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 202City
CharlotteState
NCZip Code
28204-3352FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium HealthOccupation (for Individual)
Chief Managed Health Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

B. Dobson, Joshua, Robert, ,

Mailing Address 960 Randolph Rd

City
MarionState
NCZip Code
28752-5757FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Carolina Healthcare AssociationOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1407.54

Date of Receipt

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

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

C. Smoot, Steve, , ,

Mailing Address 2731 OxBow Ct.

City
Fort MillState
SCZip Code
29708-9405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium HealthOccupation (for Individual)
Pres. NC/GA Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Amount of Each Receipt this Period

1750.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2170.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 24
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 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. TRIPLETT, Barbara, , ,

Mailing Address 738 Holiday Island Road

City
HertfordState
NCZip Code
27944-9334FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sentara Albemarle Medical CenterOccupation (for Individual)
Director Risk Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. Brooks, Clyde, Long, Dr., Jr., MDMailing Address CARTERET HEALTH CARE
3500 ARENDELL STREETCity
MOREHEAD CITYState
NCZip Code
28557-2901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carteret Health CareOccupation (for Individual)
Vice President, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Amount of Each Receipt this Period

175.00

☐ Memo Item

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

210.00

7897.05

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

PAGE 15 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. AHAPAC-American Hospital Association FEDERALMailing Address 800 10th Street, NW
Two City Center, Suite 400City
WashingtonState
DCZip Code
20001-4956

Purpose of Disbursement

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	5		

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 FEDERALMailing Address 800 10th Street, NW
Two City Center, Suite 400City
WashingtonState
DCZip Code
20001-4956

Purpose of Disbursement

Void - AHAPAC-American Hospital Association FEDERAL

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	5		

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 FEDERALMailing Address 800 10th Street, NW
Two City Center, Suite 400City
WashingtonState
DCZip Code
20001-4956

Purpose of Disbursement

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	5		

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 PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. AHAPAC-American Hospital Association FEDERAL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2025

Mailing Address 800 10th Street, NW

Two City Center, Suite 400

City
WashingtonState
DCZip Code
20001-4956

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00106146

Transaction ID : 28010110

Amount of Each Disbursement this Period

11000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

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:

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 PageFOR 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 JoseState
CAZip Code
95131-2021

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : 27835779

Amount of Each Disbursement this Period

42.70

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip Code
95131-2021

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : 27843634

Amount of Each Disbursement this Period

20.29

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip Code
95131-2021

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : 27849312

Amount of Each Disbursement this Period

41.82

☐ Memo Item Merchant Fees
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

104.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4			2	0	2	5		

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip Code
95131-2021

Purpose of Disbursement

Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 27856054

Amount of Each Disbursement this Period

20.30

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

B. PayPal

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	5		

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip Code
95131-2021

Purpose of Disbursement

Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 27865968

Amount of Each Disbursement this Period

1.86

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

C. PayPal

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	6			2	0	2	5		

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip Code
95131-2021

Purpose of Disbursement

Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 27875439

Amount of Each Disbursement this Period

31.55

☐ Memo Item Merchant Fees
SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

53.71

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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 JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : 27887432

Amount of Each Disbursement this Period

39.97

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : 27897448

Amount of Each Disbursement this Period

3.04

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : 27900510

Amount of Each Disbursement this Period

19.24

☐ Memo Item Merchant Fees

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

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

62.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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 JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : 27912783

Amount of Each Disbursement this Period

2.70

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : 27921834

Amount of Each Disbursement this Period

8.44

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	2	5	

FEC Identification Number

C

Transaction ID : 27932606

Amount of Each Disbursement this Period

1.18

☐ Memo Item Merchant Fees

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

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

12.32

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

PAGE 21 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 JoseState
CAZip Code
95131-2021

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

M	M		/	D	D		/	Y	Y	Y	Y	Y	Y
1	0			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : 27948006

Amount of Each Disbursement this Period

6.57

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip Code
95131-2021

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

M	M		/	D	D		/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : 27952245

Amount of Each Disbursement this Period

2.19

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip Code
95131-2021

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

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

FEC Identification Number

C

Transaction ID : 27963272

Amount of Each Disbursement this Period

1.18

☐ Memo Item Merchant Fees

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

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

9.94

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

PAGE 22 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 JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : 27976889

Amount of Each Disbursement this Period

1.43

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	2		2	0	2	5		

FEC Identification Number

C

Transaction ID : 27982040

Amount of Each Disbursement this Period

13.20

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : 27987969

Amount of Each Disbursement this Period

9.28

☐ Memo Item Merchant Fees**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23.91

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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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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 JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : 27990824

Amount of Each Disbursement this Period

30.35

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : 28002692

Amount of Each Disbursement this Period

40.31

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : 28013973

Amount of Each Disbursement this Period

50.75

☐ Memo Item Merchant Fees

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

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

121.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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 JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		2	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : 28023443

Amount of Each Disbursement this Period

20.42

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 N. 1st Street

City
San JoseState
CAZip 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	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		2	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : 28028137

Amount of Each Disbursement this Period

5.23

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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	/	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).....▶

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

25.65

414.00