



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**NCHA, Inc. Political Action Committee - Federal**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		6990.70
(b) Cash on Hand at Beginning of Reporting Period.....	6990.70	
(c) Total Receipts (from Line 19) .....	18427.85	18427.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	25418.55	25418.55
7. Total Disbursements (from Line 31).....	553.52	553.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	24865.03	24865.03
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**NCHA, Inc. Political Action Committee - Federal**

Report Covering the Period: From:  /  /  To:  /  /

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).....	11900.00	11900.00
(ii) Unitemized .....	6527.85	6527.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18427.85	18427.85
(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) .....	18427.85	18427.85
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)).....▶	18427.85	18427.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18427.85	18427.85

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	0.00	0.00
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).....	553.52	553.52
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)) ..	553.52	553.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	553.52	553.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18427.85	18427.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18427.85	18427.85
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: (check only one)	PAGE 6 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. Goodlett, Lisa, , Ms., CPA, MBA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Chapman Ave  
 City Isle Of Palms State SC Zip Code 29451-2414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Health System Occupation (for Individual) Senior Vice President, Chief Financial  
 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  
 01 / 12 / 2026  
**Transaction ID : 28053188**  
 Amount of Each Receipt this Period  
 875.00  
 Memo Item

**B. Dobson, Joshua, Robert, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2026  
**Transaction ID : 28067040**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

**C. Waldrum, Michael, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 721 Chesapeake Place  
 City Greenville State NC Zip Code 27858-6236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ECU Health Occupation (for Individual) Chief Executive 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  
 02 / 19 / 2026  
**Transaction ID : 28102301**  
 Amount of Each Receipt this Period  
 875.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1855.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 <b>A. Blackburn, Mary, , Ms.,</b>		Date of Receipt MM / DD / YYYY 02 / 19 / 2026 <b>Transaction ID : 28102303</b>
Mailing Address 134 Argonne St		Amount of Each Receipt this Period 350.00
City Elkin	State NC	Zip Code 28621-3002
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Hugh Chatham Health	Occupation (for Individual) Vice President Operations and Chief Pr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Baise, Patricia, , Ms, DNP, RN, N</b>		Date of Receipt MM / DD / YYYY 02 / 19 / 2026 <b>Transaction ID : 28102305</b>
Mailing Address 13404 Robert Walker Drive		Amount of Each Receipt this Period 350.00
City Davidson	State NC	Zip Code 28036-6007
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) ECU Health	Occupation (for Individual) Chief Nursing Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. McConnell, Adam, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 19 / 2026 <b>Transaction ID : 28102307</b>
Mailing Address 3800 Saint Lucy Drive		Amount of Each Receipt this Period 350.00
City Franklinton	State NC	Zip Code 27525-7376
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Granville Health System	Occupation (for Individual) Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Gallagher, Pamela, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 731 38th AVE NE  
 City HICKORY State NC Zip Code 28601-9640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Catawba Valley Medical Center Occupation (for Individual) Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 02 / 20 / 2026  
**Transaction ID : 28102321**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Waid, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4140 Tolley Ridge Lane  
 City Winston Salem State NC Zip Code 27106-9430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Wake Forest Baptist Occupation (for Individual) Area Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 20 / 2026  
**Transaction ID : 28102323**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. Fleming, Jody, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1542 Baxter Ridge Court  
 City Apex State NC Zip Code 27502-4332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Healthcare Association Occupation (for Individual) President, Strategic Partners  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 02 / 19 / 2026  
**Transaction ID : 28102327**  
 Amount of Each Receipt this Period 1750.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2450.00
<b>TOTAL</b> 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: (check only one)	PAGE 9 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Short, Jeffrey, Brian, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Camden Rd  
 410  
 City Charlotte State NC Zip Code 28203-6542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novant Health New Hanover Regional Med Occupation (for Individual) Senior Vice President  
 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  
 02 / 26 / 2026  
**Transaction ID : 28107607**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**B. Turco, Cindy, L, Ms., Esq**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 407 Village Green Court  
 City Trent Woods State NC Zip Code 28562-7260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CarolinaEast Health System Occupation (for Individual) Vice President Legal Affairs  
 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  
 02 / 27 / 2026  
**Transaction ID : 28107611**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**C. Sherron, Tammy, M., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 404 Vicksburg Court  
 City Havelock State NC Zip Code 28532-9785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CarolinaEast Health System Occupation (for Individual) Vice President Finance  
 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  
 02 / 27 / 2026  
**Transaction ID : 28107613**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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: (check only one)	PAGE 10 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Smith, Michael, C., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 418 Skysail Blvd

City New Bern	State NC	Zip Code 28560-4573
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CarolinaEast Health System	Occupation (for Individual) President and Chief Executive 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
02	/	27	/	2026

**Transaction ID : 28107615**

Amount of Each Receipt this Period  
875.00

Memo Item

**B. Dial, Jeffery, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4320 Lagan Circle

City Winterville	State NC	Zip Code 28590-8213
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ECU Health Duplin Hospital	Occupation (for Individual) President
---	--

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
02	/	26	/	2026

**Transaction ID : 28107619**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. Dobson, Joshua, Robert, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
332.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2026

**Transaction ID : 28109836**

Amount of Each Receipt this Period  
87.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1312.50
<b>TOTAL</b> 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 16  
(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 Salem    State NC    Zip Code 27103-5390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novant Health Clemmons Medical Center    Occupation (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  
 03 / 13 / 2026  
**Transaction ID : 28124111**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Bowe, Chris, S, ,**  
 Mailing Address 13342 Bally Bunnion Way  
 City Davidson    State NC    Zip Code 28036-8896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novant Health    Occupation (for Individual) SVP, President-Triad Region  
 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  
 03 / 13 / 2026  
**Transaction ID : 28124113**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Bowling, Donald, B, Dr., MD, MBA, C**  
 Mailing Address 29264 South Main Street  
 City Newsoms    State VA    Zip Code 23874-2312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sentara Albemarle Medical Center    Occupation (for Individual) Vice President- Chief Medical 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  
 03 / 13 / 2026  
**Transaction ID : 28124123**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**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: (check only one)	PAGE 12 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Dobson, Joshua, Robert, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 420.00

Date of Receipt 03 / 13 / 2026  
**Transaction ID : 28124139**  
 Amount of Each Receipt this Period 87.50  
 Memo Item

**B. Isley, L., Lee, Dr., FACHE, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3705 Kimberly Jo Dr  
 City Rocky Mount    State NC    Zip Code 27804-8112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNC Health Nash    Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 20 / 2026  
**Transaction ID : 28125314**  
 Amount of Each Receipt this Period 245.00  
 Memo Item

**C. Pittman, William, G, Dr., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2603 Robinhood Rd  
 City Winston Salem    State NC    Zip Code 27106-5805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novant Health Thomasville Medical Cent    Occupation (for Individual) VPCA  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt 03 / 23 / 2026  
**Transaction ID : 28125356**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	507.50
<b>TOTAL</b> 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: (check only one)	PAGE 13 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 <b>A. Pittman, William, G, Dr., III</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2026 <b>Transaction ID : 28125358</b>		
Mailing Address 2603 Robinhood Rd			Amount of Each Receipt this Period 122.50		
City Winston Salem	State NC	Zip Code 27106-5805	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 297.50		
Name of Employer (for Individual) Novant Health Thomasville Medical Cent		Occupation (for Individual) VPCA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Pittman, William, G, Dr., III</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2026 <b>Transaction ID : 28125360</b>		
Mailing Address 2603 Robinhood Rd			Amount of Each Receipt this Period 52.50		
City Winston Salem	State NC	Zip Code 27106-5805	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 350.00		
Name of Employer (for Individual) Novant Health Thomasville Medical Cent		Occupation (for Individual) VPCA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Edwards, Bryan, Todd, Dr,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 20 / 2026 <b>Transaction ID : 28125379</b>		
Mailing Address 18717 Square Sail Road			Amount of Each Receipt this Period 350.00		
City Cornelius	State NC	Zip Code 28031-7782	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 350.00		
Name of Employer (for Individual) Novant Health Charlotte Orthopaedic Ho		Occupation (for Individual) SVP Orthopedics	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> 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: (check only one)	PAGE 14 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Fletcher, Sidney, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2148 Selwyn Avenue  
 City Charlotte State NC Zip Code 28207-2454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novant Health Presbyterian Medical Cen Occupation (for Individual) SVP, President Charlotte Region Novar  
 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  
 03 / 27 / 2026  
**Transaction ID : 28137395**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**B. Woods, Eugene, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4545 Fox Brook Lane  
 City Charlotte State NC Zip Code 28211-5010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advocate Health Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2026  
**Transaction ID : 28137439**  
 Amount of Each Receipt this Period  
 1750.00  
 Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11900.00

**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)

<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

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2026

FEC Identification Number

C
---

**Transaction ID : 28109837**

Amount of Each Disbursement this Period

98.84
-------

Memo Item **Merchant Fees**

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

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2026

FEC Identification Number

C
---

**Transaction ID : 28117395**

Amount of Each Disbursement this Period

21.99
-------

Memo Item **Merchant Fees**

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

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2026

FEC Identification Number

C
---

**Transaction ID : 28124097**

Amount of Each Disbursement this Period

72.82
-------

Memo Item **Merchant Fees**

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

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

193.65
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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)

<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

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 28125381**

Amount of Each Disbursement this Period

Memo Item **Merchant Fees**

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

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 28137446**

Amount of Each Disbursement this Period

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:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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