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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				Office Use Only				
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, tover the lines.	ype 12FE4M	5				
MAXIM HEALTHCARE SE	RVICES INC POLI	FICAL ACTION COM	MMITTEE (MAXIN	HEALTHCARE PAC)				
ADDRESS (number and street)	7227 Lee Deforest Drive							
Check if different than previously reported. (ACC)	Columbia		MD	21046				
2. FEC IDENTIFICATION NUMI	BER ▼ CIT	ΓY▲	STATE ▲	ZIP CODE ▲				
C C00558932		S THIS NEW	OR AM	ENDED				
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May	20 (M5) Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)				
(a) Quarterly Reports:				20 (M9) Dec 20 (M12) (Non-Election Year Only)				
April 15 Quarterly Report (Q1)				20 (M10) x Jan 31 (YE)				
July 15 Quarterly Report (Q2)	PRE-Election Report for the:	Primary (12P) Convention (12C)	General (
October 15 Quarterly Report (Q3)	nopole lot uno.		_ '					
January 31 Year-End Report (YE)	Election		D / Y Y Y Y	in the State of				
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	0R) Special (30S)				
Termination Report (TER)	Election	on on	D / Y = Y = Y	in the State of				
5. Covering Period 12	01 / 2021	through	12 31	2021				
I certify that I have examined this F	Report and to the best of Estes, Kirstyn, A, ,	my knowledge and belie	f it is true, correct and	complete.				
Signature of Treasurer Estes, Kin	rstyn, A, ,	[Electronically File	d] Date 01	28 2022				
NOTE: Submission of false, erroneou	s, or incomplete informatio	n may subject the person s	signing this Report to th	e 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)

Write or Type Committee Name

	COLUMN A	COLUMN B
	This Period	Calendar Year-to-Date
3. (a) Cash on Hand January 1, 2021		32806.25
(b) Cash on Hand at Beginning of Reporting Period	77590.57	
(c) Total Receipts (from Line 19)	6599.20	72683.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	84189.77	105489.77
7. Total Disbursements (from Line 31)	0.00	21300.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	84189.77	84189.77
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	
Schedule C and/or Schedule D) This committee has qualified as a multican		

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	6156.70	50000 00
(i) Itemized (use Schedule A)	0130.70	50009.82
(ii) Unitemized	442.50	22673.70
(iii) TOTAL (add	4 4	
Lines 11(a)(i) and (ii)▶	6599.20	72683.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	0,500,00	72692 52
Totals to Line 33, page 5)	6599.20	72683.52
Transfers From Affiliated/Other Party Committees	0.00	0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		4 4
(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
(e) 15ta 11a16676 (add 16(a) and 16(b))	4 4	4.000
9. Total Receipts (add Lines 11(d),		*****
12, 13, 14, 15, 16, 17, and 18(c))▶	6599.20	72683.52
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	6599.20	72683.52

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			
Operating Expenditures:	IOIdi IIIIS Period	Calendar Year-to-Date			
(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	0.00	0.00			
Expenditures (c) Total Operating Expenditures	0.00	0.00			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
Transfers to Affiliated/Other Party	7 7				
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	0.00	3500.00			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures	0.00	0.00			
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00			
,	4 4				
Loan Repayments Made	0.00	0.00			
	7 7 7				
Loans Made Refunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other					
Than Political Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	7 7 7	4 4			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))	0.00	0.00			
Other Disbursements (Including					
Non-Federal Donations)	0.00	17800.00			
		49. 49. 49.			
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity	0))				
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
V	3.00	4 4			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid	4 4 4	4 1 4			
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			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	21300.00			
	0.00	21300.00			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	0.00	21300.00			

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

1 20 1 0111 07t (1101: 00/2010)		1 490 0
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)	6599.20	72683.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6599.20	72683.52
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

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

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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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alexander, Marcia, , , Date of Receipt Mailing Address 55 Sherman Way 2021 City Zip Code State Transaction ID: SA11AI.22179 MA Marshfield 02050 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional VP Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 2021 City State Zip Code Transaction ID: SA11AI.22185 Overland Park KS 66215 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 490.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Alvarez, Heather, L, Date of Receipt Mailing Address 12931 West 105th St 10 2021 City State Zip Code Transaction ID: SA11AI.22186 KS Overland Park 66215 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1520.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 2021 City Zip Code State Transaction ID: SA11AI.22187 KS Overland Park 66215 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 2021 City State Zip Code Transaction ID: SA11AI.22188 Overland Park KS 66215 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Alvarez, Heather, L, Date of Receipt Mailing Address 12931 West 105th St 2021 City State Zip Code Transaction ID: SA11AI.22189 KS Overland Park 66215 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 530.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Andrews, Haven, , , Date of Receipt Mailing Address 21 Harrisecket Rd City Zip Code State Transaction ID: SA11AI.22190 ME Kennebunk 04043 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Andrews, Haven, , , Date of Receipt Mailing Address 21 Harrisecket Rd 10 2021 City State Zip Code Transaction ID: SA11AI.22191 ME Kennebunk 04043 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Andrews, Haven, , , Date of Receipt Mailing Address 21 Harrisecket Rd 17 2021 City State Zip Code Transaction ID: SA11AI.22192 ME Kennebunk 04043 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Andrews, Haven, , , Date of Receipt Mailing Address 21 Harrisecket Rd 2021 City Zip Code State Transaction ID: SA11AI.22193 ME Kennebunk 04043 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Andrews, Haven, , , Date of Receipt Mailing Address 21 Harrisecket Rd 2021 City State Zip Code Transaction ID: SA11AI.22194 ME Kennebunk 04043 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 530.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Apperson, Kevin, D., Date of Receipt Mailing Address 2235 Eutaw Place 03 2021 City Zip Code State Transaction ID: SA11AI.22195 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Chief Information Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 1470.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Apperson, Kevin, D, , Date of Receipt Mailing Address 2235 Eutaw Place 10 2021 City Zip Code State Transaction ID: SA11AI.22196 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Information Officer Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Apperson, Kevin, D,, Date of Receipt Mailing Address 2235 Eutaw Place 2021 City State Zip Code Transaction ID: SA11AI.22197 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Chief Information Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1530.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Apperson, Kevin, D., Date of Receipt Mailing Address 2235 Eutaw Place 24 2021 City Zip Code State Transaction ID: SA11AI.22198 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Chief Information Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 1560.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Apperson, Kevin, D, , Date of Receipt Mailing Address 2235 Eutaw Place 2021 City Zip Code State Transaction ID: SA11AI.22199 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Information Officer Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1590.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barnes, Jeana, , , Date of Receipt Mailing Address 1053 NW 18th Ave 2021 City State Zip Code Transaction ID: SA11AI.22200 FL **Boca Raton** 33486 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction HR Business Partner Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Barnes, Jeana, , , Date of Receipt Mailing Address 1053 NW 18th Ave 10 2021 City State Zip Code Transaction ID: SA11AI.22201 FL Boca Raton 33486 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc HR Business Partner Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Barnes, Jeana, , , Date of Receipt Mailing Address 1053 NW 18th Ave 2021 City Zip Code State Transaction ID: SA11AI.22202 FL Boca Raton 33486 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) HR Business Partner Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barnes, Jeana, , , Date of Receipt Mailing Address 1053 NW 18th Ave 2021 City State Zip Code Transaction ID: SA11AI.22203 FL **Boca Raton** 33486 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction HR Business Partner Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Barnes, Jeana, , , Date of Receipt Mailing Address 1053 NW 18th Ave 2021 City State Zip Code Transaction ID: SA11AI.22204 FL Boca Raton 33486 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc HR Business Partner Receipt For: Aggregate Year-to-Date ▼ Primary General 580.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beams, Michael, Irwin Keoke, , Date of Receipt Mailing Address 315 W Magnolia Ave Unit 504 2021 City Zip Code State Transaction ID: SA11AI.22205 TX Fort Worth 76104 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beams, Michael, Irwin Keoke, Date of Receipt Mailing Address 315 W Magnolia Ave Unit 504 10 2021 City State Zip Code Transaction ID: SA11AI.22206 Fort Worth TX 76104 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Beams, Michael, Irwin Keoke, Date of Receipt Mailing Address 315 W Magnolia Ave Unit 504 2021 City Zip Code State Transaction ID: SA11AI.22207 TX Fort Worth 76104 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beams, Michael, Irwin Keoke, , Date of Receipt Mailing Address 315 W Magnolia Ave Unit 504 2021 City Zip Code State Transaction ID: SA11AI.22208 TX Fort Worth 76104 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beams, Michael, Irwin Keoke, Date of Receipt Mailing Address 315 W Magnolia Ave Unit 504 2021 City State Zip Code Transaction ID: SA11AI.22209 Fort Worth TX 76104 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Besancon, David, L, Date of Receipt Mailing Address 4567 Ashview Ct. 03 2021 City State Zip Code Transaction ID: SA11AI.22210 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 35.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Besancon, David, L,, Date of Receipt Mailing Address 4567 Ashview Ct. 10 City Zip Code State Transaction ID: SA11AI.22211 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Besancon, David, L,, Date of Receipt Mailing Address 4567 Ashview Ct. 2021 City State Zip Code Transaction ID: SA11AI.22212 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Besancon, David, L, Date of Receipt Mailing Address 4567 Ashview Ct. 24 2021 City State Zip Code Transaction ID: SA11AI.22213 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Besancon, David, L,, Date of Receipt Mailing Address 4567 Ashview Ct. 2021 City Zip Code State Transaction ID: SA11AI.22214 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bevelacqua, Jessica, L, , Date of Receipt Mailing Address 707 Koa Court 2021 City State Zip Code Transaction ID: SA11AI.22215 CA Sunnyvale 94086 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bevelacqua, Jessica, L, Date of Receipt Mailing Address 707 Koa Court 10 2021 City State Zip Code Transaction ID: SA11AI.22216 CA Sunnyvale 94086 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Director of Clinical Ops** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bevelacqua, Jessica, L,, Date of Receipt Mailing Address 707 Koa Court 2021 City Zip Code State Transaction ID: SA11AI.22217 CA Sunnyvale 94086 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bevelacqua, Jessica, L, , Date of Receipt Mailing Address 707 Koa Court 2021 City State Zip Code Transaction ID: SA11AI.22218 CA Sunnyvale 94086 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bevelacqua, Jessica, L, Date of Receipt Mailing Address 707 Koa Court 2021 City State Zip Code Transaction ID: SA11AI.22219 CA Sunnyvale 94086 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Director of Clinical Ops** Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bierlink, Aaron, F,, Date of Receipt Mailing Address 7007 180th St SW 2021 City Zip Code State Transaction ID: SA11AI.22225 WA Edmonds 98026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bierlink, Aaron, F, Date of Receipt Mailing Address 7007 180th St SW 10 2021 City State Zip Code Transaction ID: SA11AI.22226 WA Edmonds 98026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bierlink, Aaron, F, Date of Receipt Mailing Address 7007 180th St SW 17 2021 City Zip Code State Transaction ID: SA11AI.22227 WA Edmonds 98026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bierlink, Aaron, F,, Date of Receipt Mailing Address 7007 180th St SW 2021 City Zip Code State Transaction ID: SA11AI.22228 WA Edmonds 98026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bierlink, Aaron, F, Date of Receipt Mailing Address 7007 180th St SW 2021 City State Zip Code Transaction ID: SA11AI.22229 WA Edmonds 98026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 265.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 03 2021 City Zip Code State Transaction ID: SA11AI.22235 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brangaccio, David, Ryan, , Date of Receipt Mailing Address 6221 Apopka Court 2021 City Zip Code State Transaction ID: SA11AI.22245 FL Jacksonville 32258 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr.Business Development Mgr Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brangaccio, David, Ryan, , Date of Receipt Mailing Address 6221 Apopka Court 10 2021 City State Zip Code Transaction ID: SA11AI.22246 FL Jacksonville 32258 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Sr.Business Development Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brangaccio, David, Ryan, Date of Receipt Mailing Address 6221 Apopka Court 17 2021 City State Zip Code Transaction ID: SA11AI.22247 FL Jacksonville 32258 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Sr.Business Development Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brangaccio, David, Ryan, , Date of Receipt Mailing Address 6221 Apopka Court 2021 City Zip Code State Transaction ID: SA11AI.22248 FL Jacksonville 32258 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr.Business Development Mgr Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brangaccio, David, Ryan, , Date of Receipt Mailing Address 6221 Apopka Court 2021 City State Zip Code Transaction ID: SA11AI.22249 FL Jacksonville 32258 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Sr.Business Development Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon Road 03 2021 City Zip Code State Transaction ID: SA11AI.22250 MD Ellicott City 21042 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 405.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Burke, Steven, L, , Date of Receipt Mailing Address 701 W Hampton Ave 2021 City Zip Code State Transaction ID: SA11AI.22262 IL Loves Park 61111 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Burke, Steven, L, , Date of Receipt Mailing Address 701 W Hampton Ave 2021 City State Zip Code Transaction ID: SA11AI.22263 IL Loves Park 61111 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Burke, Steven, L, , Date of Receipt Mailing Address 701 W Hampton Ave 2021 Zip Code City State Transaction ID: SA11AI.22264 IL Loves Park 61111 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Campbell, Brandi, Marie, , Date of Receipt Mailing Address 1450 Kingsbury Ct 2021 City Zip Code State Transaction ID: SA11AI.22265 CO Golden 80401 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campbell, Brandi, Marie, Date of Receipt Mailing Address 1450 Kingsbury Ct 10 2021 City State Zip Code Transaction ID: SA11AI.22266 CO Golden 80401 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campbell, Brandi, Marie, Date of Receipt Mailing Address 1450 Kingsbury Ct 2021 City Zip Code State Transaction ID: SA11AI.22267 CO Golden 80401 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Campbell, Brandi, Marie, , Date of Receipt Mailing Address 1450 Kingsbury Ct 2021 City Zip Code State Transaction ID: SA11AI.22268 CO Golden 80401 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campbell, Brandi, Marie, , Date of Receipt Mailing Address 1450 Kingsbury Ct 2021 City State Zip Code Transaction ID: SA11AI.22269 CO Golden 80401 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 265.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campbell, Theodore, Allen, Date of Receipt Mailing Address 9338 Merlot Circle 03 2021 City State Zip Code Transaction ID: SA11AI.22270 PΑ Breinigsville 18031 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Campbell, Theodore, Allen,, Date of Receipt Mailing Address 9338 Merlot Circle 10 2021 City Zip Code State Transaction ID: SA11AI.22271 PA Breinigsville 18031 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campbell, Theodore, Allen, Date of Receipt Mailing Address 9338 Merlot Circle 2021 City State Zip Code Transaction ID: SA11AI.22272 Breinigsville PA 18031 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campbell, Theodore, Allen, Date of Receipt Mailing Address 9338 Merlot Circle 24 2021 City State Zip Code Transaction ID: SA11AI.22273 PΑ Breinigsville 18031 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Campbell, Theodore, Allen, , Date of Receipt Mailing Address 9338 Merlot Circle 2021 City Zip Code State Transaction ID: SA11AI.22274 PA Breinigsville 18031 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campion, Michael, J,, Date of Receipt Mailing Address 205 Nomini Drive 2021 City State Zip Code Transaction ID: SA11AI.22275 MD Arnold 21012 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Divisional Operati Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 490.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campion, Michael, J., Date of Receipt Mailing Address 205 Nomini Drive 10 2021 City Zip Code State Transaction ID: SA11AI.22276 MD Arnold 21012 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Divisional Operati Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Campion, Michael, J,, Date of Receipt Mailing Address 205 Nomini Drive 2021 City Zip Code State Transaction ID: SA11AI.22277 MD Arnold 21012 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Divisional Operati Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Campion, Michael, J, , Date of Receipt Mailing Address 205 Nomini Drive 2021 City State Zip Code Transaction ID: SA11AI.22278 MD Arnold 21012 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Divisional Operati Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campion, Michael, J., Date of Receipt Mailing Address 205 Nomini Drive 2021 City Zip Code State Transaction ID: SA11AI.22279 MD Arnold 21012 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Divisional Operati Receipt For: Aggregate Year-to-Date ▼ Primary General 530.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Carbone, Raymond, A, , Mailing Address 367 Berkshire Drive	Date of Receipt					
City	State Zip Code	12 03 2021 Transaction ID : SA11AI.22280				
Riva	MD 21140	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Maxim Healthcare Services Inc	Sr. VP Chief Financial Officer	Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1470.00					
Full Name of Individual (Last, First, Middl Carbone, Raymond, A, ,	Date of Receipt					
Mailing Address 367 Berkshire Drive	12 10 2021					
City	State Zip Code	Transaction ID : SA11AI.22281				
Riva	MD 21140	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) Sr. VP Chief Financial Officer	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00					
Full Name of Individual (Last, First, Middl Carbone, Raymond, A, ,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 367 Berkshire Drive	12 17 2021					
City Riva	State Zip Code MD 21140	Transaction ID : SA11AI.22282				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00				
Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) Sr. VP Chief Financial Officer	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1530.00					
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Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Carlson, Donald, W,, Date of Receipt Mailing Address 5140 S Mallard Cir 2021 City Zip Code State Transaction ID: SA11AI.22289 WI Greenfield 53221 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cawley, Kevin, , , Date of Receipt Mailing Address 7509 Dogwood Lane 2021 City State Zip Code Transaction ID: SA11AI.22290 MD Hanover 21076 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Manager - Real Estate Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cawley, Kevin, , , Date of Receipt Mailing Address 7509 Dogwood Lane 10 2021 City Zip Code State Transaction ID: SA11AI.22291 MD Hanover 21076 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Manager - Real Estate Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cawley, Kevin, , , Date of Receipt Mailing Address 7509 Dogwood Lane City Zip Code State Transaction ID: SA11AI.22292 MD Hanover 21076 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Manager - Real Estate Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cawley, Kevin, , , Date of Receipt Mailing Address 7509 Dogwood Lane 2021 City State Zip Code Transaction ID: SA11AI.22293 MD Hanover 21076 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Manager - Real Estate Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cawley, Kevin, , , Date of Receipt Mailing Address 7509 Dogwood Lane 2021 City State Zip Code Transaction ID: SA11AI.22294 MD Hanover 21076 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Manager - Real Estate Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ceron, Kelly, N,, Date of Receipt Mailing Address 15735 Arabian Way 2021 City Zip Code State Transaction ID: SA11AI.22298 FL 34756 Montverde Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional VP of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ceron, Kelly, N,, Date of Receipt Mailing Address 15735 Arabian Way 2021 City State Zip Code Transaction ID: SA11AI.22299 FL Montverde 34756 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 530.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Charboneau, Diane, T., Date of Receipt Mailing Address 8230 East Levitt St 03 2021 City State Zip Code Transaction ID: SA11AI.22300 KS Wichita 67207 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Charboneau, Diane, T,, Date of Receipt Mailing Address 8230 East Levitt St 10 2021 City Zip Code State Transaction ID: SA11AI.22301 KS Wichita 67207 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Charboneau, Diane, T,, Date of Receipt Mailing Address 8230 East Levitt St 2021 City State Zip Code Transaction ID: SA11AI.22302 KS Wichita 67207 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Charboneau, Diane, T., Date of Receipt Mailing Address 8230 East Levitt St 24 2021 City State Zip Code Transaction ID: SA11AI.22303 KS Wichita 67207 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Charboneau, Diane, T,, Date of Receipt Mailing Address 8230 East Levitt St 2021 City Zip Code State Transaction ID: SA11AI.22304 KS Wichita 67207 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Charles, Veronica, , , Date of Receipt Mailing Address 3003 Van Ness Street 2021 Apt W420 City State Zip Code Transaction ID: SA11AI.22305 DC Washington 20008 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Charles, Veronica, , , Date of Receipt Mailing Address 3003 Van Ness Street 10 2021 Apt W420 City State Zip Code Transaction ID: SA11AI.22306 DC Washington 20008 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Christofferson, Tiffany, M,, Date of Receipt Mailing Address 79824 Bethpage Ave 2021 City Zip Code State Transaction ID: SA11AI.22310 CA Indio 92201 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Christofferson, Tiffany, M, , Date of Receipt Mailing Address 79824 Bethpage Ave 10 2021 City State Zip Code Transaction ID: SA11AI.22311 CA Indio 92201 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Christofferson, Tiffany, M., Date of Receipt Mailing Address 79824 Bethpage Ave 17 2021 City State Zip Code Transaction ID: SA11AI.22312 CA Indio 92201 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 15.00

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Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Colleran, Kimberly, Ann, , Date of Receipt Mailing Address 187 Market St. 10 2021 City Zip Code State Transaction ID: SA11AI.22316 PA Pittston Twp 18640 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Colleran, Kimberly, Ann, Date of Receipt Mailing Address 187 Market St. 2021 City State Zip Code Transaction ID: SA11AI.22317 PA Pittston Twp 18640 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Colleran, Kimberly, Ann, Date of Receipt Mailing Address 187 Market St. 24 2021 City Zip Code State Transaction ID: SA11AI.22318 PΑ Pittston Twp 18640 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Colleran, Kimberly, Ann, , Date of Receipt Mailing Address 187 Market St. 2021 City Zip Code State Transaction ID: SA11AI.22319 PA Pittston Twp 18640 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Colvard, Tracy, , , Date of Receipt Mailing Address 2609 Pathview Court 2021 City State Zip Code Transaction ID: SA11AI.22320 NC Raleigh 27613 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 490.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Colvard, Tracy, , , Date of Receipt Mailing Address 2609 Pathview Court 10 2021 City State Zip Code Transaction ID: SA11AI.22321 NC Raleigh 27613 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager II Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... FEC Schedule A (Form 3X) Rev. 06/2016

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Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Crane, Barbara, A,, Date of Receipt Mailing Address 2735 Dana Loop 10 2021 City Zip Code State Transaction ID: SA11AI.22331 El Dorado Hills CA 95762 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager II Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crane, Barbara, A,, Date of Receipt Mailing Address 2735 Dana Loop 2021 City State Zip Code Transaction ID: SA11AI.22332 El Dorado Hills CA 95762 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager II Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crane, Barbara, A, Date of Receipt Mailing Address 2735 Dana Loop 24 2021 City State Zip Code Transaction ID: SA11AI.22333 CA El Dorado Hills 95762 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager II Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Crane, Barbara, A,, Date of Receipt Mailing Address 2735 Dana Loop 2021 City Zip Code State Transaction ID: SA11AI.22334 El Dorado Hills CA 95762 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager II Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crawn, Susan, K,, Date of Receipt Mailing Address 1045 Braewick Cir. NW 2021 City State Zip Code Transaction ID: SA11AI.22335 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 490.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crawn, Susan, K, Date of Receipt Mailing Address 1045 Braewick Cir. NW 10 2021 City Zip Code State Transaction ID: SA11AI.22336 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Crawn, Susan, K, , Date of Receipt Mailing Address 1045 Braewick Cir. NW 2021 City Zip Code State Transaction ID: SA11AI.22337 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional VP of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crawn, Susan, K,, Date of Receipt Mailing Address 1045 Braewick Cir. NW 2021 City State Zip Code Transaction ID: SA11AI.22338 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crawn, Susan, K, Date of Receipt Mailing Address 1045 Braewick Cir. NW 2021 City State Zip Code Transaction ID: SA11AI.22339 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 530.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cupples, Jason, R,, Date of Receipt Mailing Address 1347 Barcelona Court 2021 City Zip Code State Transaction ID: SA11AI.22343 MI Byron Center 49315 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Cupples, Jason, R, , Date of Receipt Mailing Address 1347 Barcelona Court 2021 City State Zip Code Transaction ID: SA11AI.22344 MI Byron Center 49315 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1325.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Davies, Michael, Alexander, Date of Receipt Mailing Address 115 Bellows Dr 03 2021 City State Zip Code Transaction ID: SA11AI.22345 PΑ Carlisle 17015 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 55.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Davies, Michael, Alexander, Date of Receipt Mailing Address 115 Bellows Dr 10 2021 City Zip Code State Transaction ID: SA11AI.22346 PA Carlisle 17015 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Davies, Michael, Alexander, Date of Receipt Mailing Address 115 Bellows Dr 2021 City State Zip Code Transaction ID: SA11AI.22347 PA Carlisle 17015 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Davies, Michael, Alexander, Date of Receipt Mailing Address 115 Bellows Dr 24 2021 City State Zip Code Transaction ID: SA11AI.22348 PΑ Carlisle 17015 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deeb, Brandi, L,, Date of Receipt Mailing Address 1506 Terra Oaks Court 2021 City Zip Code State Transaction ID: SA11AI.22352 MD Mount Airy 21771 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Controller - Regional HH Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deeb, Brandi, L,, Date of Receipt Mailing Address 1506 Terra Oaks Court 2021 City State Zip Code Transaction ID: SA11AI.22353 MD Mount Airy 21771 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Controller - Regional HH Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deeb, Brandi, L, , Date of Receipt Mailing Address 1506 Terra Oaks Court 2021 City Zip Code State Transaction ID: SA11AI.22354 MD Mount Airy 21771 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Controller - Regional HH Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 2021 City Zip Code State Transaction ID: SA11AI.22355 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Executive Officer Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1470.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 10 2021 City State Zip Code Transaction ID: SA11AI.22356 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 17 2021 City State Zip Code Transaction ID: SA11AI.22357 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1530.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 2021 City Zip Code State Transaction ID: SA11AI.22358 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Executive Officer Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1560.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 2021 City State Zip Code Transaction ID: SA11AI.22359 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1590.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Diaz, Matthew, M, Date of Receipt Mailing Address 4910 Regal Court 03 2021 City State Zip Code Transaction ID: SA11AI.22360 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1470.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Diaz, Matthew, M,, Date of Receipt Mailing Address 4910 Regal Court 10 2021 City Zip Code State Transaction ID: SA11AI.22361 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Diaz, Matthew, M, Date of Receipt Mailing Address 4910 Regal Court 2021 City State Zip Code Transaction ID: SA11AI.22362 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1530.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Diaz, Matthew, M, Date of Receipt Mailing Address 4910 Regal Court 24 2021 City State Zip Code Transaction ID: SA11AI.22363 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1560.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Diaz, Matthew, M,, Date of Receipt Mailing Address 4910 Regal Court 2021 City Zip Code State Transaction ID: SA11AI.22364 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1590.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Dover, Wesley, R, Date of Receipt Mailing Address 1163 Via Lucero 2021 City State Zip Code Transaction ID: SA11AI.22365 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Dover, Wesley, R., Date of Receipt Mailing Address 1163 Via Lucero 10 2021 City State Zip Code Transaction ID: SA11AI.22366 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dover, Wesley, R,, Date of Receipt Mailing Address 1163 Via Lucero 2021 City Zip Code State Transaction ID: SA11AI.22367 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dover, Wesley, R,, Date of Receipt Mailing Address 1163 Via Lucero 2021 City State Zip Code Transaction ID: SA11AI.22368 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Dover, Wesley, R., Date of Receipt Mailing Address 1163 Via Lucero 2021 City State Zip Code Transaction ID: SA11AI.22369 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fernie, Elizabeth, D,, Date of Receipt Mailing Address 154 Blackswan Pl 2021 City Zip Code State Transaction ID: SA11AI.22375 TX The Woodlands 77354 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fernie, Elizabeth, D,, Date of Receipt Mailing Address 154 Blackswan Pl 10 2021 City State Zip Code Transaction ID: SA11AI.22376 The Woodlands TX 77354 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Fernie, Elizabeth, D, Date of Receipt Mailing Address 154 Blackswan Pl 17 2021 City Zip Code State Transaction ID: SA11AI.22377 TX The Woodlands 77354 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fernie, Elizabeth, D,, Date of Receipt Mailing Address 154 Blackswan Pl 2021 City Zip Code State Transaction ID: SA11AI.22378 TX The Woodlands 77354 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fernie, Elizabeth, D,, Date of Receipt Mailing Address 154 Blackswan Pl 2021 City State Zip Code Transaction ID: SA11AI.22379 The Woodlands TX 77354 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 530.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Finley, Adam, B, Date of Receipt Mailing Address 6355 E. Lyell Ave 03 2021 City State Zip Code Transaction ID: SA11AI.22380 CA Fresno 93727 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Finley, Adam, B, , Date of Receipt Mailing Address 6355 E. Lyell Ave 2021 10 City Zip Code State Transaction ID: SA11AI.22381 CA Fresno 93727 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Finley, Adam, B,, Date of Receipt Mailing Address 6355 E. Lyell Ave 2021 City State Zip Code Transaction ID: SA11AI.22382 CA Fresno 93727 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Finley, Adam, B, Date of Receipt Mailing Address 6355 E. Lyell Ave 24 2021 City State Zip Code Transaction ID: SA11AI.22383 CA Fresno 93727 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Foster, Claire, K,, Date of Receipt Mailing Address 2707 Columbia Avenue 2021 City Zip Code State Transaction ID: SA11AI.22387 Wilmington NC 28403 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director of Field Support** Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Foster, Claire, K, , Date of Receipt Mailing Address 2707 Columbia Avenue 2021 City State Zip Code Transaction ID: SA11AI.22388 NC Wilmington 28403 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Foster, Claire, K, , Date of Receipt Mailing Address 2707 Columbia Avenue 2021 City State Zip Code Transaction ID: SA11AI.22389 NC Wilmington 28403 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General 530.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Full Name of Individual (Last, First, Mide	dle Initial) or Full Orgar	nization Name	
Gonzalez, Rhonda, C, ,			Date of Receipt
Mailing Address 2512 Avocet Way			12 03 7 2021
City	State	Zip Code	Transaction ID : SA11AI.22410
Lincoln	CA	95648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5.00
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
Maxim Healthcare Services Inc		P Clinical Operations	Payroll Deduction
Receipt For:	Aggregate Yea	·	- Taylon Boddonon
Primary General	Aggregate rea	ar-to-Date ¥	
Other (specify) ▼		245.00	
Full Name of Individual (Last, First, Midda, Gonzalez, Rhonda, C, ,	dle Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 2512 Avocet Way			12 10 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State	Zip Code	Transaction ID : SA11AI.22411
Lincoln	CA	95648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		5.00
Name of Employer (for Individual) Maxim Healthcare Services Inc		tion (for Individual) P Clinical Operations	Memo Item Payroll Deduction
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name of Individual (Last, First, Middle Gonzalez, Rhonda, C, ,	dle Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 2512 Avocet Way	1 -	I a	12 17 2021
City	State	Zip Code	Transaction ID : SA11AI.22412
Lincoln	CA	95648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5.00
Name of Employer (for Individual) Maxim Healthcare Services Inc		tion (for Individual) P Clinical Operations	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 255.00	
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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jesiolkiewic, Leah, M,, Date of Receipt Mailing Address 405 Quarter Horse Lane 2021 City Zip Code State Transaction ID: SA11AI.22432 PA Clinton 15026 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jesiolkiewic, Leah, M,, Date of Receipt Mailing Address 405 Quarter Horse Lane 2021 City State Zip Code Transaction ID: SA11AI.22433 PA Clinton 15026 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Jesiolkiewic, Leah, M, Date of Receipt Mailing Address 405 Quarter Horse Lane 2021 City State Zip Code Transaction ID: SA11AI.22434 PΑ Clinton 15026 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 530.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jones, Blake, W,, Date of Receipt Mailing Address 1508 Charleston Lane 10 City Zip Code State Transaction ID: SA11AI.22441 OH Loveland 45140 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jones, Blake, W,, Date of Receipt Mailing Address 1508 Charleston Lane 2021 City State Zip Code Transaction ID: SA11AI.22442 OH Loveland 45140 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jones, Blake, W., Date of Receipt Mailing Address 1508 Charleston Lane 24 2021 City Zip Code State Transaction ID: SA11AI.22443 OH Loveland 45140 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jones, Blake, W,, Date of Receipt Mailing Address 1508 Charleston Lane 2021 City Zip Code State Transaction ID: SA11AI.22444 OH Loveland 45140 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 2021 City State Zip Code Transaction ID: SA11AI.22445 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 10 2021 City State Zip Code Transaction ID: SA11AI.22446 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 2021 City Zip Code State Transaction ID: SA11AI.22447 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 2021 City State Zip Code Transaction ID: SA11AI.22448 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 2021 City State Zip Code Transaction ID: SA11AI.22449 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Def 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Khayyat, Andrea, E, , Date of Receipt Mailing Address 1830 English Oak Dr 2021 City Zip Code State Transaction ID: SA11AI.22450 MO Lake Saint Louis 63376 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Khayyat, Andrea, E, , Date of Receipt Mailing Address 1830 English Oak Dr 10 2021 City State Zip Code Transaction ID: SA11AI.22451 MO Lake Saint Louis 63376 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Khayyat, Andrea, E, , Date of Receipt Mailing Address 1830 English Oak Dr 17 2021 City Zip Code State Transaction ID: SA11AI.22452 MO Lake Saint Louis 63376 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Khayyat, Andrea, E, , Date of Receipt Mailing Address 1830 English Oak Dr 2021 City Zip Code State Transaction ID: SA11AI.22453 MO Lake Saint Louis 63376 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Khayyat, Andrea, E, , Date of Receipt Mailing Address 1830 English Oak Dr 2021 City State Zip Code Transaction ID: SA11AI.22454 MO Lake Saint Louis 63376 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 265.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lanier, Laura, K, , Date of Receipt Mailing Address 650 Heartwood Dr. 03 2021 City Zip Code State Transaction ID: SA11AI.22460 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Sr. VP of Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1470.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 10 2021 City Zip Code State Transaction ID: SA11AI.22461 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP of Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 2021 City State Zip Code Transaction ID: SA11AI.22462 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Sr. VP of Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1530.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lanier, Laura, K, , Date of Receipt Mailing Address 650 Heartwood Dr. 24 2021 City Zip Code State Transaction ID: SA11AI.22463 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Sr. VP of Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1560.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 2021 City Zip Code State Transaction ID: SA11AI.22464 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP of Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1590.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Liberty, Anthony, , , Date of Receipt Mailing Address 2677 Sugar Pine Run 2021 City State Zip Code Transaction ID: SA11AI.22465 FL Oviedo 32765 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 490.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Liberty, Anthony, , , Date of Receipt Mailing Address 2677 Sugar Pine Run 10 2021 City State Zip Code Transaction ID: SA11AI.22466 FL Oviedo 32765 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ____

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Liberty, Anthony, , , Date of Receipt Mailing Address 2677 Sugar Pine Run 2021 City Zip Code State Transaction ID: SA11AI.22467 FL Oviedo 32765 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Liberty, Anthony, , , Date of Receipt Mailing Address 2677 Sugar Pine Run 2021 City State Zip Code Transaction ID: SA11AI.22468 FL Oviedo 32765 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Liberty, Anthony, , , Date of Receipt Mailing Address 2677 Sugar Pine Run 2021 City State Zip Code Transaction ID: SA11AI.22469 FL Oviedo 32765 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 530.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Loesser, Lisa, Marie, , Date of Receipt Mailing Address 35 Hastings Rd. 2021 City Zip Code State Transaction ID: SA11AI.22470 NJ Yardville 08620 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Loesser, Lisa, Marie, , Date of Receipt Mailing Address 35 Hastings Rd. 10 2021 City State Zip Code Transaction ID: SA11AI.22471 NJ Yardville 08620 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Loesser, Lisa, Marie, , Date of Receipt Mailing Address 35 Hastings Rd. 17 2021 City Zip Code State Transaction ID: SA11AI.22472 NJ Yardville 08620 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Loesser, Lisa, Marie, , Date of Receipt Mailing Address 35 Hastings Rd. 2021 City Zip Code State Transaction ID: SA11AI.22473 NJ Yardville 08620 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Loesser, Lisa, Marie, , Date of Receipt Mailing Address 35 Hastings Rd. 2021 City State Zip Code Transaction ID: SA11AI.22474 NJ Yardville 08620 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 265.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Machuga, Zachary, , , Date of Receipt Mailing Address 64 Aylesboro Ave 03 2021 City Zip Code State Transaction ID: SA11AI.22475 OH Boardman 44512 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Magrini, Joshua, Mark, , Date of Receipt Mailing Address 1012 Hunter Ave 2021 City Zip Code State Transaction ID: SA11AI.22476 FL Orlando 32804 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr.Business Development Mgr Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Magrini, Joshua, Mark, , Date of Receipt Mailing Address 1012 Hunter Ave 10 2021 City State Zip Code Transaction ID: SA11AI.22477 FL Orlando 32804 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Sr.Business Development Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Magrini, Joshua, Mark, , Date of Receipt Mailing Address 1012 Hunter Ave 17 2021 City State Zip Code Transaction ID: SA11AI.22478 FL Orlando 32804 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Sr.Business Development Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Maloney, Daniel, P,, Date of Receipt Mailing Address 349 Borica Drive 10 2021 City Zip Code State Transaction ID: SA11AI.22487 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Maloney, Daniel, P,, Date of Receipt Mailing Address 349 Borica Drive 2021 City State Zip Code Transaction ID: SA11AI.22488 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Maloney, Daniel, P, , Date of Receipt Mailing Address 349 Borica Drive 24 2021 City State Zip Code Transaction ID: SA11AI.22489 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Maloney, Daniel, P,, Date of Receipt Mailing Address 349 Borica Drive City Zip Code State Transaction ID: SA11AI.22490 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave 2021 City State Zip Code Transaction ID: SA11AI.22496 CA Lake Tahoe 96150 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave 10 2021 City State Zip Code Transaction ID: SA11AI.22497 CA Lake Tahoe 96150 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave 2021 City Zip Code State Transaction ID: SA11AI.22498 CA Lake Tahoe 96150 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave 2021 City State Zip Code Transaction ID: SA11AI.22499 CA Lake Tahoe 96150 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave 2021 City State Zip Code Transaction ID: SA11AI.22500 CA Lake Tahoe 96150 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Middleton, Deeley, C,, Date of Receipt Mailing Address 213 St Dunstans Road 2021 City Zip Code State Transaction ID: SA11AI.22511 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CCO & Sr. VP of Quality, Safety Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1413.16 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Middleton, Deeley, C, , Date of Receipt Mailing Address 213 St Dunstans Road 10 2021 City State Zip Code Transaction ID: SA11AI.22512 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc CCO & Sr. VP of Quality, Safety Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1442.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Middleton, Deeley, C, Date of Receipt Mailing Address 213 St Dunstans Road 17 2021 City Zip Code State Transaction ID: SA11AI.22513 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc CCO & Sr. VP of Quality, Safety Receipt For: Aggregate Year-to-Date ▼ Primary General 1470.84 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 2021 City Zip Code State Transaction ID: SA11AI.22520 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 530.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Papazis, Cynthia, A, , Date of Receipt Mailing Address 860 Via Barquero 2021 City State Zip Code Transaction ID: SA11AI.22531 CA San Marcos 92069 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Papazis, Cynthia, A, Date of Receipt Mailing Address 860 Via Barquero 10 2021 City State Zip Code Transaction ID: SA11AI.22532 CA San Marcos 92069 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Director of Clinical Ops** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Passabet, David, J,, Date of Receipt Mailing Address 110 Lorna Doone Dr 2021 City Zip Code State Transaction ID: SA11AI.22539 VA Yorktown 23692 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Passabet, David, J., Date of Receipt Mailing Address 110 Lorna Doone Dr 2021 City State Zip Code Transaction ID: SA11AI.22540 VA Yorktown 23692 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 265.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Peaslee, Robert, B., Date of Receipt Mailing Address 210 Bentwood Ct 03 2021 City Zip Code State Transaction ID: SA11AI.22541 VASalem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 465.50 Other (specify) 19.50 SUBTOTAL of Receipts This Page (optional).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Peaslee, Robert, B, , Date of Receipt Mailing Address 210 Bentwood Ct 10 2021 City Zip Code State Transaction ID: SA11AI.22542 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Peaslee, Robert, B, , Date of Receipt Mailing Address 210 Bentwood Ct 2021 City State Zip Code Transaction ID: SA11AI.22543 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 484.50 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Peaslee, Robert, B., Date of Receipt Mailing Address 210 Bentwood Ct 24 2021 City Zip Code State Transaction ID: SA11AI.22544 VASalem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 494.00 Other (specify) 28.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Peaslee, Robert, B, , Date of Receipt Mailing Address 210 Bentwood Ct 2021 City Zip Code State Transaction ID: SA11AI.22545 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 503.50 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Phipps, Laurie, M, , Date of Receipt Mailing Address 1110 Cloverfield 2021 City State Zip Code Transaction ID: SA11AI.22546 NC Leland 28451 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 660.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Phipps, Laurie, M., Date of Receipt Mailing Address 1110 Cloverfield 10 2021 City Zip Code State Transaction ID: SA11AI.22547 NC Leland 28451 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) 39.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Phipps, Laurie, M,, Date of Receipt Mailing Address 1110 Cloverfield 2021 City Zip Code State Transaction ID: SA11AI.22548 NC Leland 28451 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Phipps, Laurie, M, , Date of Receipt Mailing Address 1110 Cloverfield 2021 City State Zip Code Transaction ID: SA11AI.22549 NC Leland 28451 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 705.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Phipps, Laurie, M., Date of Receipt Mailing Address 1110 Cloverfield 2021 City Zip Code State Transaction ID: SA11AI.22550 NC Leland 28451 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Plaine, Marsha, C, , Date of Receipt Mailing Address 3503 Nelson Meadow Ln 2021 City Zip Code State Transaction ID: SA11AI.22551 NC Greensboro 27406 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 980.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Plaine, Marsha, C, , Date of Receipt Mailing Address 3503 Nelson Meadow Ln 10 2021 City State Zip Code Transaction ID: SA11AI.22552 Greensboro NC 27406 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Plaine, Marsha, C, Date of Receipt Mailing Address 3503 Nelson Meadow Ln 17 2021 City Zip Code State Transaction ID: SA11AI.22553 NC Greensboro 27406 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1020.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rajan, Gautam, Chandramohan, , Date of Receipt Mailing Address 6420 Ruth Dr 10 2021 City Zip Code State Transaction ID: SA11AI.22557 OH Seven Hills 44131 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr.Business Development Mgr Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rajan, Gautam, Chandramohan, Date of Receipt Mailing Address 6420 Ruth Dr 2021 City State Zip Code Transaction ID: SA11AI.22558 OH Seven Hills 44131 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Sr.Business Development Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Rajan, Gautam, Chandramohan, Date of Receipt Mailing Address 6420 Ruth Dr 24 2021 City Zip Code State Transaction ID: SA11AI.22559 OH Seven Hills 44131 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Sr.Business Development Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rajan, Gautam, Chandramohan, , Date of Receipt Mailing Address 6420 Ruth Dr 2021 City Zip Code State Transaction ID: SA11AI.22560 OH Seven Hills 44131 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr.Business Development Mgr Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2021 City State Zip Code Transaction ID: SA11AI.22561 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1372.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 10 2021 City Zip Code State Transaction ID: SA11AI.22562 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) 61.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2021 City Zip Code State Transaction ID: SA11AI.22563 Wilmington NC 28411 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1428.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2021 City State Zip Code Transaction ID: SA11AI.22564 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1456.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2021 City Zip Code State Transaction ID: SA11AI.22565 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1484.00 Other (specify) 84.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Reed, Nicole, L,, Date of Receipt Mailing Address 954 Kennedy Lane 2021 City Zip Code State Transaction ID: SA11AI.22575 PA Elizabethtown 17022 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Clinical Quality Specialist Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Riddle, Laura, J, , Date of Receipt Mailing Address 39 Blake Rd. 2021 City State Zip Code Transaction ID: SA11AI.22576 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Riddle, Laura, J, Date of Receipt Mailing Address 39 Blake Rd. 10 2021 City Zip Code State Transaction ID: SA11AI.22577 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 55.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Riddle, Laura, J,, Date of Receipt Mailing Address 39 Blake Rd. 2021 City Zip Code State Transaction ID: SA11AI.22578 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Riddle, Laura, J, , Date of Receipt Mailing Address 39 Blake Rd. 2021 City State Zip Code Transaction ID: SA11AI.22579 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Riddle, Laura, J, Date of Receipt Mailing Address 39 Blake Rd. 2021 City Zip Code State Transaction ID: SA11AI.22580 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1325.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES IN	NC POLITIC	CAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)
Α.		al) or Full Org	anization Name	Date of Receipt
	Mailing Address 745 Fountainwood Blvd City	State	Zip Code	12 03 2021
	Franklin	TN	37064	Transaction ID : SA11AI.22581 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc	1 .	ation (for Individual) /ice President	Memo Item Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 440.00	
В.	Full Name of Individual (Last, First, Middle Initial Rider, Steven, , , Mailing Address 745 Fountainwood Blvd	al) or Full Org	anization Name	Date of Receipt
	City	State	Zip Code	12 10 2021
	Franklin	TN	37064	Transaction ID : SA11AI.22582 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc		ation (for Individual) Vice President	Memo Item Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 450.00	
С .	Full Name of Individual (Last, First, Middle Initial Rider, Steven, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 745 Fountainwood Blvd			12 17 2021
	City Franklin	State TN	Zip Code 37064	Transaction ID : SA11AI.22583 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For:	Area V	ation (for Individual) /ice President	Memo Item Payroll Deduction
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 460.00	
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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rivera, Luis, F,, Date of Receipt Mailing Address 26987 Glenside Ln 2021 City Zip Code State Transaction ID: SA11AI.22590 Olmsted Township OH 44138 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rozelle, Christopher, M, , Date of Receipt Mailing Address 2013 Powers Ferry Rd SE 2021 Apt C City State Zip Code Transaction ID: SA11AI.22596 GA Marietta 30067 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 490.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rozelle, Christopher, M., Date of Receipt Mailing Address 2013 Powers Ferry Rd SE 10 2021 City State Zip Code Transaction ID: SA11AI.22597 GΑ Marietta 30067 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sasser, Ashley, , , Date of Receipt Mailing Address 31 Bay St 2021 City Zip Code State Transaction ID: SA11AI.22606 VA Poquoson 23662 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sasser, Ashley, , , Date of Receipt Mailing Address 31 Bay St 10 2021 City State Zip Code Transaction ID: SA11AI.22607 VA Poquoson 23662 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sasser, Ashley, , , Date of Receipt Mailing Address 31 Bay St 17 2021 City Zip Code State Transaction ID: SA11AI.22608 VAPoquoson 23662 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 10 2021 City Zip Code State Transaction ID: SA11AI.22627 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 2021 City State Zip Code Transaction ID: SA11AI.22628 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 24 2021 City Zip Code State Transaction ID: SA11AI.22629 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 2021 City Zip Code State Transaction ID: SA11AI.22630 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 530.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2021 City State Zip Code Transaction ID: SA11AI.22631 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 10 2021 City State Zip Code Transaction ID: SA11AI.22632 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Maxim Healthcare Services Inc

General

Receipt For:

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Other (specify) ▼		255.00	
Full Name of Individual (Last, First, Middle Ir Spalt, Jeremy, M, , Mailing Address 1305 Asbury Road	nitial) or Full Or	ganization Name	Date of Receipt 12 24 2021
City Baltimore FEC ID number of contributing federal political committee.	State MD	Zip Code 21209	Transaction ID : SA11AI.22644 Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) Maxim Healthcare Services Inc		pation (for Individual) tor - Accounts Receivable	Memo Item
Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 260.00	
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Director - Accounts Receivable

Aggregate Year-to-Date ▼

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Spalt, Jeremy, M,, Date of Receipt Mailing Address 1305 Asbury Road 2021 City Zip Code State Transaction ID: SA11AI.22645 MD **Baltimore** 21209 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director - Accounts Receivable Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Stabley, Kieta, L, , Date of Receipt Mailing Address 202 Rudolph Ln 2021 City State Zip Code Transaction ID: SA11AI.22646 NC Hubert 28539 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Stabley, Kieta, L, , Date of Receipt Mailing Address 202 Rudolph Ln 10 2021 City Zip Code State Transaction ID: SA11AI.22647 NC Hubert 28539 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director of Clinical Ops** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full)											

\geq	MAXIM HEALTHCARE SERVICES I	INC POLITION	CAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Α.	Full Name of Individual (Last, First, Middle Initial Stabley, Kieta, L, ,	tial) or Full Org	anization Name	Date of Receipt
	Mailing Address 202 Rudolph Ln			12 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.22648
	Hubert	NC	28539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		5.00
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	Maxim Healthcare Services Inc	Direct	or of Clinical Ops	
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼	- Iggiogato	255.00	
В.	Full Name of Individual (Last, First, Middle Initial Stabley, Kieta, L, ,	tial) or Full Org	anization Name	Date of Receipt
	Mailing Address 202 Rudolph Ln			12 24 2021
	City	State	Zip Code	Transaction ID : SA11AI.22649
	Hubert	NC	28539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	5.00		
	Name of Employer (for Individual) Maxim Healthcare Services Inc		oation (for Individual) tor of Clinical Ops	Memo Item
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼	4	260.00	
С .	Full Name of Individual (Last, First, Middle Init Stabley, Kieta, L, ,	tial) or Full Org	anization Name	Date of Receipt
	Mailing Address 202 Rudolph Ln			12 31 2021
	City	State	Zip Code	Transaction ID : SA11AI.22650
	Hubert	NC	28539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		5.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc		ation (for Individual) or of Clinical Ops	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 265.00	
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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stewart, Philip, , , Date of Receipt Mailing Address 2194 SW 25th Terrace 2021 City Zip Code State Transaction ID: SA11AI.22651 FL Miami 33133 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Stewart, Philip, , , Date of Receipt Mailing Address 2194 SW 25th Terrace 10 2021 City State Zip Code Transaction ID: SA11AI.22652 FL Miami 33133 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Stewart, Philip, , , Date of Receipt Mailing Address 2194 SW 25th Terrace 17 2021 City State Zip Code Transaction ID: SA11AI.22653 FL Miami 33133 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stickles, Jeremy, D, , Date of Receipt Mailing Address 1650 Overbrook Rd 2021 Apt 18 City Zip Code State Transaction ID: SA11AI.22660 VA Richmond 23220-1303 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Field Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 530.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stone, Sean, Taylor, , Date of Receipt Mailing Address 6029 Marlee Ct 2021 City State Zip Code Transaction ID: SA11AI.22661 CA Rocklin 95677 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr.Business Development Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Stone, Sean, Taylor, , Date of Receipt Mailing Address 6029 Marlee Ct 10 2021 City State Zip Code Transaction ID: SA11AI.22662 CA Rocklin 95677 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr.Business Development Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stover, Regina, , , Date of Receipt Mailing Address 3400 Hemphill Road 2021 City Zip Code State Transaction ID: SA11AI.22666 OH Norton 44203 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Stover, Regina, , , Date of Receipt Mailing Address 3400 Hemphill Road 10 2021 City State Zip Code Transaction ID: SA11AI.22667 OH Norton 44203 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Stover, Regina, , , Date of Receipt Mailing Address 3400 Hemphill Road 17 2021 City State Zip Code Transaction ID: SA11AI.22668 OH Norton 44203 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stugelmeyer, Brian, , , Date of Receipt Mailing Address 2400 65th LN NW 2021 City Zip Code State Transaction ID: SA11AI.22680 WA Olympia 98502 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 530.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Taylor, Patrick, , , Date of Receipt Mailing Address 750 El Encino Way 2021 City State Zip Code Transaction ID: SA11AI.22681 CA Sacramento 95864 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President - Staffing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Taylor, Patrick, , , Date of Receipt Mailing Address 750 El Encino Way 10 2021 City State Zip Code Transaction ID: SA11AI.22682 CA Sacramento 95864 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President - Staffing Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Truman, Brandon, K,, Date of Receipt Mailing Address 12 Bold Ruler Circle 2021 City Zip Code State Transaction ID: SA11AI.22689 PA Dillsburg 17019 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Truman, Brandon, K, , Date of Receipt Mailing Address 12 Bold Ruler Circle 2021 City State Zip Code Transaction ID: SA11AI.22690 PA Dillsburg 17019 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 265.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 03 2021 City State Zip Code Transaction ID: SA11AI.22696 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 2021 10 City Zip Code State Transaction ID: SA11AI.22697 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 2021 City State Zip Code Transaction ID: SA11AI.22698 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 24 2021 City State Zip Code Transaction ID: SA11AI.22699 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 2021 City Zip Code State Transaction ID: SA11AI.22700 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Whitehead, Erin, , , Date of Receipt Mailing Address 203 Weaver St 2021 City State Zip Code Transaction ID: SA11AI.22701 Randleman NC 27317 Amount of Each Receipt this Period FEC ID number of contributing 7.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 343.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Whitehead, Erin, , , Date of Receipt Mailing Address 203 Weaver St 10 2021 City Zip Code State Transaction ID: SA11AI.22702 NC Randleman 27317 Amount of Each Receipt this Period FEC ID number of contributing 7.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 24.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Whitehead, Erin, , , Date of Receipt Mailing Address 203 Weaver St City Zip Code State Transaction ID: SA11AI.22703 NC Randleman 27317 Amount of Each Receipt this Period FEC ID number of contributing 7.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 357.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Whitehead, Erin, , , Date of Receipt Mailing Address 203 Weaver St 2021 City State Zip Code Transaction ID: SA11AI.22704 Randleman NC 27317 Amount of Each Receipt this Period FEC ID number of contributing 7.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 364.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Whitehead, Erin, , , Date of Receipt Mailing Address 203 Weaver St 2021 City Zip Code State Transaction ID: SA11AI.22705 NC Randleman 27317 Amount of Each Receipt this Period FEC ID number of contributing 7.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 371.00 Other (specify) 21.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Whiting, Evan, D, , Date of Receipt Mailing Address 1469 Bridle Creek Blvd 2021 City Zip Code State Transaction ID: SA11AI.22706 VA Virginia Beach 23464 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Whiting, Evan, D, , Date of Receipt Mailing Address 1469 Bridle Creek Blvd 10 2021 City State Zip Code Transaction ID: SA11AI.22707 VA Virginia Beach 23464 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Whiting, Evan, D, Date of Receipt Mailing Address 1469 Bridle Creek Blvd 17 2021 State Zip Code Transaction ID: SA11AI.22708 VAVirginia Beach 23464 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Whiting, Evan, D, , Date of Receipt Mailing Address 1469 Bridle Creek Blvd 2021 City Zip Code State Transaction ID: SA11AI.22709 VA Virginia Beach 23464 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Whiting, Evan, D, , Date of Receipt Mailing Address 1469 Bridle Creek Blvd 2021 City State Zip Code Transaction ID: SA11AI.22710 VA Virginia Beach 23464 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 530.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wilkinson, Matthew, J., Date of Receipt Mailing Address 3097 La Reserve Drive 03 2021 City State Zip Code Transaction ID: SA11AI.22711 FL Ponte Vedra Beach 32082 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wilkinson, Matthew, J,, Date of Receipt Mailing Address 3097 La Reserve Drive 10 2021 City Zip Code State Transaction ID: SA11AI.22712 FL Ponte Vedra Beach 32082 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wilkinson, Matthew, J,, Date of Receipt Mailing Address 3097 La Reserve Drive 2021 City State Zip Code Transaction ID: SA11AI.22713 FL Ponte Vedra Beach 32082 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wilkinson, Matthew, J., Date of Receipt Mailing Address 3097 La Reserve Drive 24 2021 City State Zip Code Transaction ID: SA11AI.22714 FL Ponte Vedra Beach 32082 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Name of Employer (for Individual)

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Maxim Healthcare Services Inc		Clinical Manager	
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