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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MAXIM HEALTHO	CARE SERVICES INC POLIT	FICAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)
ADDRESS (number and s	treet) 7227 Lee Deforest Drive		
Check if differe than previously reported. (ACC)	Columbia		MD 21046 -
2. FEC IDENTIFICAT	ION NUMBER ▼ CIT	ΓΥ ▲	STATE ▲ ZIP CODE ▲
C C00558932		S THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPO (Choose One)	RT (b) Monthly Feb	20 (M2) May 20 (M	5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Report	Mar	20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly R	Report (Q1)	20 (M4) Jul 20 (M7)	
July 15 Quarterly R	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly R		Convention (12C)	Special (12S)
January 31 Year-End R		on on	in the State of
July 31 Mic Report (Nor Year Only)	n-election (d) 50-Day	General (30G)	Runoff (30R) Special (30S)
Termination (TER)		on on	in the State of
5. Covering Period	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 11	M / D D / Y Y Y Y Y Y 30 30 2021
I certify that I have exan Type or Print Name of T	nined this Report and to the best of Estes, Kirstyn, A, ,	my knowledge and belief it is	true, correct and complete.
Signature of Treasurer	Estes, Kirstyn, A, ,	[Electronically Filed]	Date 12 / 20 / 2021
NOTE: Submission of fals	e, erroneous, or incomplete informatio	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30108
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

Report Covering the Period: From: 11	01 2021 To:	11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1, 2021		32806.25
(b) Cash on Hand at Beginning of Reporting Period	73503.21	
(c) Total Receipts (from Line 19)	4087.36	66084.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	77590.57	98890.57
. Total Disbursements (from Line 31)	0.00	21300.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77590.57	77590.57
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
O. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multicand	idate committee. (see FEC FORM 1M)	

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) Page 3

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
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	3683.36	43853.12
(i) Itemized (use Schedule A)	4 0000.00	43033.12
(ii) Unitemized	404.00	22231.20
(iii) TOTAL (add	1007.00	66084.32
Lines 11(a)(i) and (ii)▶	4087.36	00004.32
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	4087.36	66084.32
Totals to Line 33, page 5) 2. Transfers From Affiliated/Other	4007.30	30001102
Party Committees	0.00	0.00
Tarty Committees	3,00	
B. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7 7
(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
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
,	4 4	4
(b) Levin Funds (from Schedule H5)	0.00	0.00
(2) 20111 (21120 (110111 001104010 110)	4 4	4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	4087.36	66084.32
	4 4	45 45
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	4087.36	66084.32

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinati Ital-10-Date
(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 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 (52 U.S.C. § 30116(d))	4 4	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds 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 (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
Federal Election Activity (52 U.S.C. § 301010 (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	21300.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		
nom zno orj	0.00	21300.00

DETAILED SUMMARY PAGE

of Disbursements

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` ,		
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)	4087.36	66084.32
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4087.36	66084.32
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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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.21722 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 450.00 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.21723 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) 460.00 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 19 2021 City State Zip Code Transaction ID: SA11AI.21724 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 470.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Use separate schedule(s) for each category of the

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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.21725 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 480.00 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.21726 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) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Andrews, Haven, , , Date of Receipt Mailing Address 21 Harrisecket Rd 12 2021 City State Zip Code Transaction ID: SA11AI.21727 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 460.00 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 Andrews, Haven, , , Date of Receipt Mailing Address 21 Harrisecket Rd 19 2021 City Zip Code State Transaction ID: SA11AI.21728 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 470.00 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.21729 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) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Apperson, Kevin, D., Date of Receipt Mailing Address 2235 Eutaw Place 05 2021 City Zip Code State Transaction ID: SA11AI.21730 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 1350.00 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 Apperson, Kevin, D, , Date of Receipt Mailing Address 2235 Eutaw Place 2021 City Zip Code State Transaction ID: SA11AI.21731 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 1380.00 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.21732 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) 1410.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Apperson, Kevin, D., Date of Receipt Mailing Address 2235 Eutaw Place 26 2021 City Zip Code State Transaction ID: SA11AI.21733 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 1440.00 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 Barnes, Jeana, , , Date of Receipt Mailing Address 1053 NW 18th Ave 2021 City Zip Code State Transaction ID: SA11AI.21737 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) HR Business Partner Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 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.21738 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) 450.00 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 12 2021 City State Zip Code Transaction ID: SA11AI.21739 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 460.00 Other (specify) 40.00 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 Beams, Michael, Irwin Keoke, , Date of Receipt Mailing Address 315 W Magnolia Ave Unit 504 2021 City Zip Code State Transaction ID: SA11AI.21740 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 470.00 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.21741 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) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Besancon, David, L, Date of Receipt Mailing Address 4567 Ashview Ct. 05 2021 City Zip Code State Transaction ID: SA11AI.21742 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 225.00 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 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 Besancon, David, L,, Date of Receipt Mailing Address 4567 Ashview Ct. 2021 City Zip Code State Transaction ID: SA11AI.21743 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 230.00 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.21744 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) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Besancon, David, L, Date of Receipt Mailing Address 4567 Ashview Ct. 26 2021 City Zip Code State Transaction ID: SA11AI.21745 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 240.00 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.21746 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 225.00 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.21747 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) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bevelacqua, Jessica, L, Date of Receipt Mailing Address 707 Koa Court 19 2021 City State Zip Code Transaction ID: SA11AI.21748 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 235.00 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 Bevelacqua, Jessica, L,, Date of Receipt Mailing Address 707 Koa Court 2021 City Zip Code State Transaction ID: SA11AI.21749 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) Director of Clinical Ops 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.** Bierlink, Aaron, F, , Date of Receipt Mailing Address 7007 180th St SW 2021 City State Zip Code Transaction ID: SA11AI.21754 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) ▼ 225.00 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 12 2021 City Zip Code State Transaction ID: SA11AI.21755 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 230.00 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 Bierlink, Aaron, F,, Date of Receipt Mailing Address 7007 180th St SW 19 2021 City Zip Code State Transaction ID: SA11AI.21756 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 235.00 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.21757 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) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 05 2021 City Zip Code State Transaction ID: SA11AI.21762 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 450.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 2021 City Zip Code State Transaction ID: SA11AI.21763 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) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 2021 City State Zip Code Transaction ID: SA11AI.21764 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 Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 26 2021 City Zip Code State Transaction ID: SA11AI.21765 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 480.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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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 Boldizsar, Gary, W, , Date of Receipt Mailing Address 6858 Clubside Dr 2021 City Zip Code State Transaction ID: SA11AI.21766 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) Maxim Healthcare Services Inc Regional Director-Business Dev Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Boldizsar, Gary, W, , Date of Receipt Mailing Address 6858 Clubside Dr 2021 City State Zip Code Transaction ID: SA11AI.21767 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 Regional Director-Business Dev 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. Boldizsar, Gary, W., Date of Receipt Mailing Address 6858 Clubside Dr 19 2021 City Zip Code State Transaction ID: SA11AI.21768 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 Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 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 Boldizsar, Gary, W, , Date of Receipt Mailing Address 6858 Clubside Dr 2021 City Zip Code State Transaction ID: SA11AI.21769 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) Maxim Healthcare Services Inc Regional Director-Business Dev 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. Brangaccio, David, Ryan, , Date of Receipt Mailing Address 6221 Apopka Court 05 2021 City State Zip Code Transaction ID: SA11AI.21770 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) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brangaccio, David, Ryan, Date of Receipt Mailing Address 6221 Apopka Court 12 2021 City State Zip Code Transaction ID: SA11AI.21771 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 235.00 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 Brangaccio, David, Ryan, , Date of Receipt Mailing Address 6221 Apopka Court 19 2021 City Zip Code State Transaction ID: SA11AI.21772 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 240.00 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.21773 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) ▼ 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon Road 05 2021 City Zip Code State Transaction ID: SA11AI.21774 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 Regional VP - Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 345.00 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 Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon Road 2021 City Zip Code State Transaction ID: SA11AI.21775 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) Regional VP - Reg Finance Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon Road 2021 City State Zip Code Transaction ID: SA11AI.21776 Ellicott City MD 21042 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 Regional VP - Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon Road 26 2021 City Zip Code State Transaction ID: SA11AI.21777 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 Regional VP - Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 45.00 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 Burke, Steven, L, , Date of Receipt Mailing Address 701 W Hampton Ave 2021 City Zip Code State Transaction ID: SA11AI.21782 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 390.00 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.21783 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) ▼ 400.00 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 19 2021 Zip Code City State Transaction ID: SA11AI.21784 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 410.00 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 Burke, Steven, L, , Date of Receipt Mailing Address 701 W Hampton Ave 2021 City Zip Code State Transaction ID: SA11AI.21785 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 420.00 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.21786 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) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campbell, Brandi, Marie, Date of Receipt Mailing Address 1450 Kingsbury Ct 12 2021 City State Zip Code Transaction ID: SA11AI.21787 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 230.00 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 Campbell, Brandi, Marie, , Date of Receipt Mailing Address 1450 Kingsbury Ct 19 2021 City Zip Code State Transaction ID: SA11AI.21788 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 235.00 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.21789 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) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campbell, Theodore, Allen, Date of Receipt Mailing Address 9338 Merlot Circle 05 2021 City State Zip Code Transaction ID: SA11AI.21790 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 225.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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		ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		COMMITTEE (MAXIM HEALTHCARE PAC)
Full Name of Individual (Last, First, Middle Ir Campbell, Theodore, Allen, ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 9338 Merlot Circle		11 12 2021
City Breinigsville	State Zip Code 18031	Transaction ID : SA11AI.21791
	177 10001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer (for Individual)	Occupation (for Individual	al) Memo Item
Maxim Healthcare Services Inc	Area Vice President	Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		222.22
Other (specify) ▼	4 4	230.00
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	
3. Campbell, Theodore, Allen, ,		Date of Receipt
Mailing Address 9338 Merlot Circle		11 19 2021
City	State Zip Code	Transaction ID : SA11AI.21792
Breinigsville	PA 18031	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	Occupation (for Individual Area Vice President	Memo Item Payroll Deduction
Receipt For:		T dyron Boddonon
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼		235.00
Full Name of Individual (Last, First, Middle Ir C. Campbell, Theodore, Allen, ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 9338 Merlot Circle		11 26 2021
City	State Zip Code	Transaction ID : SA11AI.21793
Breinigsville	PA 18031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer (for Individual)	Occupation (for Individual	Memo Item
Maxim Healthcare Services Inc	Area Vice President	Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		500 to 1
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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.21794 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 450.00 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.21795 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) 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campion, Michael, J., Date of Receipt Mailing Address 205 Nomini Drive 19 2021 City Zip Code State Transaction ID: SA11AI.21796 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 470.00 Other (specify) 30.00 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 Campion, Michael, J,, Date of Receipt Mailing Address 205 Nomini Drive 2021 City Zip Code State Transaction ID: SA11AI.21797 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 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Carbone, Raymond, A,, Date of Receipt Mailing Address 367 Berkshire Drive 2021 City State Zip Code Transaction ID: SA11AI.21798 MD Riva 21140 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 Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Carbone, Raymond, A., Date of Receipt Mailing Address 367 Berkshire Drive 12 2021 City Zip Code State Transaction ID: SA11AI.21799 MD Riva 21140 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 Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1380.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLIT	TICAL ACTION COMMITTE	E (M	AXIN	∕l HEAL¹	THCARE	PAC	;)	

$ \rangle$	MAXIM HEALTHCARE SERVICES	INC POLITI	CAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Α.	Full Name of Individual (Last, First, Middle In Carbone, Raymond, A, ,	itial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 367 Berkshire Drive			11 19 2021
	City	State	Zip Code	Transaction ID : SA11AI.21800
	Riva	MD	21140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Maxim Healthcare Services Inc	Sr. V	P Chief Financial Officer	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 1410.00	
В.	Full Name of Individual (Last, First, Middle In Carbone, Raymond, A, ,	itial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 367 Berkshire Drive			11 26 2021
	City	State	Zip Code	Transaction ID : SA11AI.21801
	Riva	MD	21140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc		pation (for Individual) 'P Chief Financial Officer	Memo Item Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 1440.00	
С .	Full Name of Individual (Last, First, Middle In Carlson, Donald, W, ,	itial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 5140 S Mallard Cir			11 05 / 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.21802
	Greenfield	WI	53221	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		pation (for Individual) tor of Business Ops	Memo Item Payroll Deduction
	Receipt For: Primary General Other (specify)		/ear-to-Date ▼ 225.00	
H	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u> </u>	65.00

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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 Carlson, Donald, W,, Date of Receipt Mailing Address 5140 S Mallard Cir 2021 City Zip Code State Transaction ID: SA11AI.21803 WI Greenfield 53221 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 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Carlson, Donald, W, , Date of Receipt Mailing Address 5140 S Mallard Cir 2021 City State Zip Code Transaction ID: SA11AI.21804 Greenfield WI 53221 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) ▼ 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Carlson, Donald, W., Date of Receipt Mailing Address 5140 S Mallard Cir 26 2021 City Zip Code State Transaction ID: SA11AI.21805 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) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 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 2021 City Zip Code State Transaction ID: SA11AI.21809 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) Maxim Healthcare Services Inc Manager - Real Estate 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. Ceron, Kelly, N,, Date of Receipt Mailing Address 15735 Arabian Way 2021 City State Zip Code Transaction ID: SA11AI.21810 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) ▼ 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ceron, Kelly, N., Date of Receipt Mailing Address 15735 Arabian Way 12 2021 City State Zip Code Transaction ID: SA11AI.21811 FL Montverde 34756 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 460.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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128 FOR LINE NUMBER: PAGE 32 OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the **X** 11a 11b 11c 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 Ceron, Kelly, N,, Date of Receipt Mailing Address 15735 Arabian Way 19 2021 City State Zip Code Transaction ID: SA11AI.21812 FL Montverde 34756 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 470.00 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 11 2021 City State Zip Code Transaction ID: SA11AI.21813 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) 480.00

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Full Name of Individual (Last, First, Middle I Charboneau, Diane, T, ,	Date of Receipt		
Mailing Address 8230 East Levitt St	11 05 2021		
City	State	Zip Code	Transaction ID : SA11AI.21814
Wichita	KS	67207	Amount of Each Receipt this Period
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Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Maxim Healthcare Services Inc	Clinica	l Manager	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 215.00	
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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 Charboneau, Diane, T,, Date of Receipt Mailing Address 8230 East Levitt St 2021 City Zip Code State Transaction ID: SA11AI.21815 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 220.00 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 19 2021 City State Zip Code Transaction ID: SA11AI.21816 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) ▼ 225.00 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 26 2021 City State Zip Code Transaction ID: SA11AI.21817 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 230.00 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 Charles, Veronica, , , Date of Receipt Mailing Address 3003 Van Ness Street Apt W420 19 2021 City Zip Code State Transaction ID: SA11AI.21820 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) **Director of State Affairs** Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 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.21821 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) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Christofferson, Tiffany, M., Date of Receipt Mailing Address 79824 Bethpage Ave 05 2021 City State Zip Code Transaction ID: SA11AI.21822 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 225.00 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 Christofferson, Tiffany, M,, Date of Receipt Mailing Address 79824 Bethpage Ave 2021 City Zip Code State Transaction ID: SA11AI.21823 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) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 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 19 2021 City State Zip Code Transaction ID: SA11AI.21824 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) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Christofferson, Tiffany, M., Date of Receipt Mailing Address 79824 Bethpage Ave 26 2021 City State Zip Code Transaction ID: SA11AI.21825 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 240.00 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.21826 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 225.00 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.21827 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) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Colleran, Kimberly, Ann, Date of Receipt Mailing Address 187 Market St. 19 2021 City State Zip Code Transaction ID: SA11AI.21828 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 235.00 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 Colvard, Tracy, , , Date of Receipt Mailing Address 2609 Pathview Court 19 2021 City Zip Code State Transaction ID: SA11AI.21832 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) **Director of State Affairs** Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 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.21833 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) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cowan, Kristen, Jane, Date of Receipt Mailing Address 2711 S Aerial Dr 05 2021 City State Zip Code Transaction ID: SA11AI.21834 IL Peoria 61607 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 Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 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 Cowan, Kristen, Jane, , Date of Receipt Mailing Address 2711 S Aerial Dr 2021 City Zip Code State Transaction ID: SA11AI.21835 IL Peoria 61607 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 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cowan, Kristen, Jane, , Date of Receipt Mailing Address 2711 S Aerial Dr 19 2021 City State Zip Code Transaction ID: SA11AI.21836 IL Peoria 61607 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) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cowan, Kristen, Jane, Date of Receipt Mailing Address 2711 S Aerial Dr 26 2021 City State Zip Code Transaction ID: SA11AI.21837 IL Peoria 61607 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 Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 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.21838 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 Clinical Manager II Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 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.21839 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) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crane, Barbara, A, Date of Receipt Mailing Address 2735 Dana Loop 19 2021 City State Zip Code Transaction ID: SA11AI.21840 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) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager II Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 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.21841 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 Clinical Manager II 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. Crawn, Susan, K,, Date of Receipt Mailing Address 1045 Braewick Cir. NW 2021 City State Zip Code Transaction ID: SA11AI.21842 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) 450.00 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 12 2021 City Zip Code State Transaction ID: SA11AI.21843 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 460.00 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 Cupples, Jason, R,, Date of Receipt Mailing Address 1347 Barcelona Court 2021 City Zip Code State Transaction ID: SA11AI.21847 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 1150.00 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.21848 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) ▼ 1175.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cupples, Jason, R,, Date of Receipt Mailing Address 1347 Barcelona Court 26 2021 City State Zip Code Transaction ID: SA11AI.21849 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) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 75.00 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 Davies, Michael, Alexander, Date of Receipt Mailing Address 115 Bellows Dr 2021 City Zip Code State Transaction ID: SA11AI.21850 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 225.00 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.21851 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) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Davies, Michael, Alexander, Date of Receipt Mailing Address 115 Bellows Dr 19 2021 City State Zip Code Transaction ID: SA11AI.21852 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 235.00 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 Davies, Michael, Alexander, Date of Receipt Mailing Address 115 Bellows Dr 2021 City Zip Code State Transaction ID: SA11AI.21853 Carlisle PA 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 **Operations 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. Deeb, Brandi, L,, Date of Receipt Mailing Address 1506 Terra Oaks Court 2021 City State Zip Code Transaction ID: SA11AI.21854 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) ▼ 225.00 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 12 2021 City Zip Code State Transaction ID: SA11AI.21855 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 230.00 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 19 2021 City Zip Code State Transaction ID: SA11AI.21856 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) Controller - Regional HH Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 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.21857 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) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 05 2021 City State Zip Code Transaction ID: SA11AI.21858 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 Sr. VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) 40.00 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 DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 2021 City Zip Code State Transaction ID: SA11AI.21859 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) Sr. VP of Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1380.00 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.21860 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 Sr. VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1410.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 26 2021 City State Zip Code Transaction ID: SA11AI.21861 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 Sr. VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1440.00 Other (specify) 90.00 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 Diaz, Matthew, M,, Date of Receipt Mailing Address 4910 Regal Court 2021 City Zip Code State Transaction ID: SA11AI.21865 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 1440.00 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.21866 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) ▼ 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Dover, Wesley, R., Date of Receipt Mailing Address 1163 Via Lucero 12 2021 City State Zip Code Transaction ID: SA11AI.21867 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 230.00 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 Fernie, Elizabeth, D, , Date of Receipt Mailing Address 154 Blackswan Pl 2021 City Zip Code State Transaction ID: SA11AI.21875 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 460.00 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 19 2021 City State Zip Code Transaction ID: SA11AI.21876 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) ▼ 470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Fernie, Elizabeth, D, Date of Receipt Mailing Address 154 Blackswan Pl 26 2021 City State Zip Code Transaction ID: SA11AI.21877 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) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 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 Finley, Adam, B, , Date of Receipt Mailing Address 6355 E. Lyell Ave 2021 City Zip Code State Transaction ID: SA11AI.21878 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 225.00 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.21879 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) ▼ 230.00 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 19 2021 City State Zip Code Transaction ID: SA11AI.21880 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 235.00 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 Finley, Adam, B, , Date of Receipt Mailing Address 6355 E. Lyell Ave 2021 City Zip Code State Transaction ID: SA11AI.21881 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 240.00 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.21882 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) ▼ 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Foster, Claire, K, , Date of Receipt Mailing Address 2707 Columbia Avenue 12 2021 City State Zip Code Transaction ID: SA11AI.21883 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 460.00 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 Foster, Claire, K,, Date of Receipt Mailing Address 2707 Columbia Avenue 19 2021 City Zip Code State Transaction ID: SA11AI.21884 Wilmington NC 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) **Director of Field Support** Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 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.21885 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) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Friedman, Toni-Jean, Lisa, Date of Receipt Mailing Address 3911 Briar Knoll Cir 05 2021 City State Zip Code Transaction ID: SA11AI.21886 MD Phoenix 21131 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. VP - General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 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 Gehman Jr, Robert, K, , Date of Receipt Mailing Address 229 Treherne Road 2021 City Zip Code State Transaction ID: SA11AI.21894 MD Lutherville 21093 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 SVP. - Continuous Improvement Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gehman Jr, Robert, K, , Date of Receipt Mailing Address 229 Treherne Road 2021 City State Zip Code Transaction ID: SA11AI.21895 MD Lutherville 21093 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 SVP. - Continuous Improvement Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 920.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gehman Jr, Robert, K, Date of Receipt Mailing Address 229 Treherne Road 19 2021 City Zip Code State Transaction ID: SA11AI.21896 MD Lutherville 21093 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 SVP. - Continuous Improvement Receipt For: Aggregate Year-to-Date ▼ Primary General 940.00 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 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 Gonzalez, Rhonda, C,, Date of Receipt Mailing Address 2512 Avocet Way 2021 City Zip Code State Transaction ID: SA11AI.21903 CA Lincoln 95648 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 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gonzalez, Rhonda, C, , Date of Receipt Mailing Address 2512 Avocet Way 2021 City State Zip Code Transaction ID: SA11AI.21904 CA Lincoln 95648 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) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gonzalez, Rhonda, C, Date of Receipt Mailing Address 2512 Avocet Way 26 2021 City State Zip Code Transaction ID: SA11AI.21905 CA Lincoln 95648 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 240.00 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 Henley, Jacob, , , Date of Receipt Mailing Address 516 Emerald Bay Rd APT 124 City Zip Code State Transaction ID: SA11AI.21906 CA South Lake Tahoe 96150 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 Regional Director-Business Dev Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Henley, Jacob, , , Date of Receipt Mailing Address 516 Emerald Bay Rd APT 124 2021 City State Zip Code Transaction ID: SA11AI.21907 CA South Lake Tahoe 96150 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) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Henley, Jacob, , , Date of Receipt Mailing Address 516 Emerald Bay Rd APT 124 19 2021 State Zip Code Transaction ID: SA11AI.21908 CA South Lake Tahoe 96150 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 Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Other (specify)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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 Henley, Jacob, , , Date of Receipt Mailing Address 516 Emerald Bay Rd APT 124 2021 City State Zip Code Transaction ID: SA11AI.21909 CA

96150

	South Lake Tahoe	CA	96150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5.00
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
	Maxim Healthcare Services Inc	Region	al Director-Business Dev	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 240.00	
В.	Full Name of Individual (Last, First, Middle Initia Jesiolkiewic, Leah, M, ,	l) or Full Orga	nization Name	Date of Receipt
	Mailing Address 405 Quarter Horse Lane			11 05 2021
	City	State	Zip Code	Transaction ID : SA11AI.21918
	Clinton	PA	15026	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	l .	ation (for Individual) aal Director-Business Dev	Memo Item Payroll Deduction

Aggregate Year-to-Date ▼

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 12 2021 City State Zip Code Transaction ID: SA11AI.21919 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 460.00 Other (specify)

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SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 OF 128 (check only one)					
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Full Name of Individual (Last, First, Middle Ini Jesiolkiewic, Louis, Carl, ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 405 Quarter Horse Lane City	State Zip Code	11 12 2021					
Clinton	PA 15026	Transaction ID : SA11AI.21923 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 Receipt For:	Occupation (for Individual) Area Vice President - Staffing	Memo Item Payroll Deduction					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00						
Full Name of Individual (Last, First, Middle Ini Jesiolkiewic, Louis, Carl, ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 405 Quarter Horse Lane	Te. a .	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Clinton	State Zip Code PA 15026	Transaction ID : SA11Al.21924 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	Occupation (for Individual) Area Vice President - Staffing	Memo Item Payroll Deduction					
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	470.00						
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt					
Mailing Address 405 Quarter Horse Lane	Chala Zin Coda	11 26 2021					
City Clinton	State Zip Code PA 15026	Transaction ID : SA11AI.21925 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	Occupation (for Individual) Area Vice President - Staffing	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 480.00						
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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 Khayyat, Andrea, E, , Date of Receipt Mailing Address 1830 English Oak Dr 2021 City Zip Code State Transaction ID: SA11AI.21935 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 230.00 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.21936 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) 235.00 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 26 2021 City Zip Code State Transaction ID: SA11AI.21937 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 240.00 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 Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 2021 City Zip Code State Transaction ID: SA11AI.21942 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 1350.00 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.21943 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) 1380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lanier, Laura, K, Date of Receipt Mailing Address 650 Heartwood Dr. 19 2021 City Zip Code State Transaction ID: SA11AI.21944 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 1410.00 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 Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 2021 City Zip Code State Transaction ID: SA11AI.21945 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 1440.00 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.21946 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) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Liberty, Anthony, , , Date of Receipt Mailing Address 2677 Sugar Pine Run 12 2021 City State Zip Code Transaction ID: SA11AI.21947 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 460.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 Liberty, Anthony, , , Date of Receipt Mailing Address 2677 Sugar Pine Run 19 2021 City Zip Code State Transaction ID: SA11AI.21948 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) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 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.21949 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) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Loesser, Lisa, Marie, , Date of Receipt Mailing Address 35 Hastings Rd. 05 2021 City Zip Code State Transaction ID: SA11AI.21950 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 225.00 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 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 Loesser, Lisa, Marie, , Date of Receipt Mailing Address 35 Hastings Rd. 2021 City Zip Code State Transaction ID: SA11AI.21951 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 230.00 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.21952 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) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Loesser, Lisa, Marie, , Date of Receipt Mailing Address 35 Hastings Rd. 26 2021 City Zip Code State Transaction ID: SA11AI.21953 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 240.00 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 Machuga, Zachary, , , Date of Receipt Mailing Address 64 Aylesboro Ave 2021 City Zip Code State Transaction ID: SA11AI.21954 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) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Machuga, Zachary, , , Date of Receipt Mailing Address 64 Aylesboro Ave 2021 City State Zip Code Transaction ID: SA11AI.21955 OH Boardman 44512 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) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Machuga, Zachary, , , Date of Receipt Mailing Address 64 Aylesboro Ave 19 2021 City State Zip Code Transaction ID: SA11AI.21956 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 235.00 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 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 Machuga, Zachary, , , Date of Receipt Mailing Address 64 Aylesboro Ave 2021 City Zip Code State Transaction ID: SA11AI.21957 44512 OH Boardman 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 240.00 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 2021 City State Zip Code Transaction ID: SA11AI.21958 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) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Magrini, Joshua, Mark, , Date of Receipt Mailing Address 1012 Hunter Ave 12 2021 City State Zip Code Transaction ID: SA11AI.21959 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 230.00 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 Magrini, Joshua, Mark, , Date of Receipt Mailing Address 1012 Hunter Ave 19 2021 City Zip Code State Transaction ID: SA11AI.21960 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) Maxim Healthcare Services Inc Sr.Business Development Mgr Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 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 2021 City State Zip Code Transaction ID: SA11AI.21961 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) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Maloney, Daniel, P, , Date of Receipt Mailing Address 349 Borica Drive 05 2021 City State Zip Code Transaction ID: SA11AI.21966 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 225.00 Other (specify) 15.00 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

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Full Name of Individual (Last, First, Middl Maloney, Daniel, P, , Mailing Address 349 Borica Drive	e Initial) or Full Org	ganization Name	Date of Receipt
City Danville	State CA	Zip Code 94526	11 12 2021 Transaction ID : SA11AI.21967
FEC ID number of contributing federal political committee.	C	34320	Amount of Each Receipt this Period 5.00
Name of Employer (for Individual) Maxim Healthcare Services Inc		pation (for Individual) tor of Business Ops	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle Maloney, Daniel, P, , Mailing Address 349 Borica Drive	e Initial) or Full Org	ganization Name	Date of Receipt 11 19 2021
City Danville	State CA	Zip Code 94526	Transaction ID : SA11AI.21968 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		pation (for Individual) tor of Business Ops	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 235.00	
Full Name of Individual (Last, First, Middle Maloney, Daniel, P, ,	e Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 349 Borica Drive City	State	Zip Code	11 26 2021
Danville	CA	94526	Transaction ID : SA11AI.21969 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 Receipt For:	Direct	pation (for Individual) for of Business Ops	Memo Item Payroll Deduction
Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 240.00	
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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 Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave 2021 City Zip Code State Transaction ID: SA11AI.21977 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 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martincek, Kevin, D, , Date of Receipt Mailing Address 402 Blaze Dr 2021 City State Zip Code Transaction ID: SA11AI.21970 PA Glenshaw 15116 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) ▼ 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Martincek, Kevin, D., Date of Receipt Mailing Address 402 Blaze Dr 12 2021 City Zip Code State Transaction ID: SA11AI.21971 PΑ Glenshaw 15116 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 460.00 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 Martincek, Kevin, D,, Date of Receipt Mailing Address 402 Blaze Dr 19 2021 City Zip Code State Transaction ID: SA11AI.21972 PA Glenshaw 15116 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 470.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martincek, Kevin, D, , Date of Receipt Mailing Address 402 Blaze Dr 2021 City State Zip Code Transaction ID: SA11AI.21973 PA Glenshaw 15116 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) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. McNamara, Daniel, B, Date of Receipt Mailing Address 51 Cypress St 05 2021 City Zip Code State Transaction ID: SA11AI.21978 NY Floral Park 11001 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 Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 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 McNamara, Daniel, B, , Date of Receipt Mailing Address 51 Cypress St 2021 City Zip Code State Transaction ID: SA11AI.21979 NY Floral Park 11001 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 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McNamara, Daniel, B,, Date of Receipt Mailing Address 51 Cypress St 2021 City State Zip Code Transaction ID: SA11AI.21980 Floral Park NY 11001 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) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. McNamara, Daniel, B, Date of Receipt Mailing Address 51 Cypress St 26 2021 City Zip Code State Transaction ID: SA11AI.21981 NY Floral Park 11001 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 Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 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 Melone, Lisa, M,, Date of Receipt Mailing Address 6643 Applewood Blvd 2021 City Zip Code State Transaction ID: SA11AI.21982 44512 OH Boardman 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 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Melone, Lisa, M,, Date of Receipt Mailing Address 6643 Applewood Blvd 2021 City State Zip Code Transaction ID: SA11AI.21983 OH Boardman 44512 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) 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Melone, Lisa, M, Date of Receipt Mailing Address 6643 Applewood Blvd 19 2021 City State Zip Code Transaction ID: SA11AI.21984 OH Boardman 44512 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 470.00 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 Melone, Lisa, M,, Date of Receipt Mailing Address 6643 Applewood Blvd 2021 City Zip Code State Transaction ID: SA11AI.21985 44512 OH Boardman 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 480.00 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 2021 City State Zip Code Transaction ID: SA11AI.21986 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 Payroll Deduction CCO & Sr. VP of Quality, Safety Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1297.80 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 12 2021 City Zip Code State Transaction ID: SA11AI.21987 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 1326.64 Other (specify) 67.68 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 Papazis, Cynthia, A,, Date of Receipt Mailing Address 860 Via Barquero 2021 City Zip Code State Transaction ID: SA11AI.22002 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) Director of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 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.22003 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) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Papazis, Cynthia, A, Date of Receipt Mailing Address 860 Via Barquero 19 2021 City State Zip Code Transaction ID: SA11AI.22004 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 235.00 Other (specify) 15.00 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 Papazis, Cynthia, A,, Date of Receipt Mailing Address 860 Via Barquero 2021 City Zip Code State Transaction ID: SA11AI.22005 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) Director of Clinical Ops 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. Passabet, David, J., Date of Receipt Mailing Address 110 Lorna Doone Dr 2021 City State Zip Code Transaction ID: SA11AI.22006 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) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Passabet, David, J, Date of Receipt Mailing Address 110 Lorna Doone Dr 12 2021 City State Zip Code Transaction ID: SA11AI.22007 VAYorktown 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) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 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 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 Passabet, David, J,, Date of Receipt Mailing Address 110 Lorna Doone Dr 19 2021 City Zip Code State Transaction ID: SA11AI.22008 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) Maxim Healthcare Services Inc Regional Director-Business Dev Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 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.22009 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) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Peaslee, Robert, B., Date of Receipt Mailing Address 210 Bentwood Ct 05 2021 City Zip Code State Transaction ID: SA11AI.22010 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 427.50 Other (specify) 19.50 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 Peaslee, Robert, B, Date of Receipt Mailing Address 210 Bentwood Ct 2021 City Zip Code State Transaction ID: SA11AI.22011 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 437.00 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.22012 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) 446.50 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Peaslee, Robert, B., Date of Receipt Mailing Address 210 Bentwood Ct 26 2021 City State Zip Code Transaction ID: SA11AI.22013 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 456.00 Other (specify) 28.50 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 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 Phipps, Laurie, M,, Date of Receipt Mailing Address 1110 Cloverfield 2021 City Zip Code State Transaction ID: SA11AI.22014 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 600.00 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.22015 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) 615.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Phipps, Laurie, M., Date of Receipt Mailing Address 1110 Cloverfield 19 2021 City Zip Code State Transaction ID: SA11AI.22016 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 630.00 Other (specify) 45.00 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 Phipps, Laurie, M,, Date of Receipt Mailing Address 1110 Cloverfield 2021 City Zip Code State Transaction ID: SA11AI.22017 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 645.00 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 2021 City State Zip Code Transaction ID: SA11AI.22018 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) 900.00 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 12 2021 City State Zip Code Transaction ID: SA11AI.22019 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 920.00 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 Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2021 City Zip Code State Transaction ID: SA11AI.22026 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 1260.00 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.22027 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) 1288.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 19 2021 City Zip Code State Transaction ID: SA11AI.22028 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 1316.00 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 Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2021 City Zip Code State Transaction ID: SA11AI.22029 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) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1344.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rawlings, Thomas, , , Date of Receipt Mailing Address 1835 Midsummer Lane 2021 City State Zip Code Transaction ID: SA11AI.22030 MD Jarrettsville 21084 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 Senior Director of Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rawlings, Thomas, , , Date of Receipt Mailing Address 1835 Midsummer Lane 12 2021 City State Zip Code Transaction ID: SA11AI.22031 MD Jarrettsville 21084 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 Senior Director of Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 48.00 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 Rawlings, Thomas, , , Date of Receipt Mailing Address 1835 Midsummer Lane 19 2021 City Zip Code State Transaction ID: SA11AI.22032 MD Jarrettsville 21084 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 Senior Director of Compliance Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rawlings, Thomas, , , Date of Receipt Mailing Address 1835 Midsummer Lane 2021 City State Zip Code Transaction ID: SA11AI.22033 MD Jarrettsville 21084 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 Senior Director of Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Reed, Nicole, L., Date of Receipt Mailing Address 954 Kennedy Lane 05 2021 City State Zip Code Transaction ID: SA11AI.22034 PΑ 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) Payroll Deduction Maxim Healthcare Services Inc Clinical Quality Specialist Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 25.00 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 Reed, Nicole, L,, Date of Receipt Mailing Address 954 Kennedy Lane 2021 City Zip Code State Transaction ID: SA11AI.22035 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 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Reed, Nicole, L,, Date of Receipt Mailing Address 954 Kennedy Lane 2021 City State Zip Code Transaction ID: SA11AI.22036 PA Elizabethtown 17022 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 Quality Specialist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Reed, Nicole, L., Date of Receipt Mailing Address 954 Kennedy Lane 26 2021 City State Zip Code Transaction ID: SA11AI.22037 PΑ 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) Payroll Deduction Maxim Healthcare Services Inc Clinical Quality Specialist Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 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 Riddle, Laura, J,, Date of Receipt Mailing Address 39 Blake Rd. 2021 City Zip Code State Transaction ID: SA11AI.22038 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 1125.00 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.22039 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) 1150.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Riddle, Laura, J, Date of Receipt Mailing Address 39 Blake Rd. 19 2021 City Zip Code State Transaction ID: SA11AI.22040 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 1175.00 Other (specify) 75.00 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 Riddle, Laura, J,, Date of Receipt Mailing Address 39 Blake Rd. 2021 City Zip Code State Transaction ID: SA11AI.22041 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 Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rider, Steven, , , Date of Receipt Mailing Address 745 Fountainwood Blvd 2021 City State Zip Code Transaction ID: SA11AI.22042 ΤN Franklin 37064 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) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Rider, Steven, , , Date of Receipt Mailing Address 745 Fountainwood Blvd 12 2021 City State Zip Code Transaction ID: SA11AI.22043 TN Franklin 37064 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 410.00 Other (specify) 45.00 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 Rider, Steven, , , Date of Receipt Mailing Address 745 Fountainwood Blvd 19 2021 City Zip Code State Transaction ID: SA11AI.22044 TN Franklin 37064 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 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rider, Steven, , , Date of Receipt Mailing Address 745 Fountainwood Blvd 2021 City State Zip Code Transaction ID: SA11AI.22045 ΤN Franklin 37064 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) 430.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rivera, Luis, F, , Date of Receipt Mailing Address 26987 Glenside Ln 05 2021 City State Zip Code Transaction ID: SA11AI.22046 OH Olmsted Township 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) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 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 Rivera, Luis, F,, Date of Receipt Mailing Address 26987 Glenside Ln City Zip Code State Transaction ID: SA11AI.22047 OH Olmsted Township 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 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rivera, Luis, F, Date of Receipt Mailing Address 26987 Glenside Ln 2021 City State Zip Code Transaction ID: SA11AI.22048 Olmsted Township OH 44138 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) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rivera, Luis, F, , Date of Receipt Mailing Address 26987 Glenside Ln 26 2021 City Zip Code State Transaction ID: SA11AI.22049 OH Olmsted Township 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) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 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 Rozelle, Christopher, M,, Date of Receipt Mailing Address 2013 Powers Ferry Rd SE 2021 Apt C City Zip Code State Transaction ID: SA11AI.22054 GA 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) Director of Business Ops Maxim Healthcare Services Inc 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.** Rozelle, Christopher, M, , Date of Receipt Mailing Address 2013 Powers Ferry Rd SE 2021 Apt C City State Zip Code Transaction ID: SA11AI.22055 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) 460.00 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 19 2021 City State Zip Code Transaction ID: SA11AI.22056 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 470.00 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 Rozelle, Christopher, M,, Date of Receipt Mailing Address 2013 Powers Ferry Rd SE 2021 Apt C City State Zip Code Transaction ID: SA11AI.22057 GA 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) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 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 2021 City State Zip Code Transaction ID: SA11AI.22062 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) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sasser, Ashley, , , Date of Receipt Mailing Address 31 Bay St 12 2021 City Zip Code State Transaction ID: SA11AI.22063 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 230.00 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 Sasser, Ashley, , , Date of Receipt Mailing Address 31 Bay St 2021 19 City Zip Code State Transaction ID: SA11AI.22064 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 235.00 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 2021 City State Zip Code Transaction ID: SA11AI.22065 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) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 05 2021 City Zip Code State Transaction ID: SA11AI.22078 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 450.00 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 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 Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 2021 City Zip Code State Transaction ID: SA11AI.22079 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 460.00 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.22080 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) ▼ 470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 26 2021 City Zip Code State Transaction ID: SA11AI.22081 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 480.00 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 Spahr, Brian, M,, Date of Receipt Mailing Address 2421 Bear Rock Gln 19 2021 City Zip Code State Transaction ID: SA11AI.22088 CA Escondido 92026 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 **Business Development Mgr** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Spahr, Brian, M, Date of Receipt Mailing Address 2421 Bear Rock Gln 2021 City State Zip Code Transaction ID: SA11AI.22089 CA Escondido 92026 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 **Business Development Mgr** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Spalt, Jeremy, M, Date of Receipt Mailing Address 1305 Asbury Road 05 2021 City Zip Code State Transaction ID: SA11AI.22090 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) Payroll Deduction Maxim Healthcare Services Inc Director - Accounts Receivable Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 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 Spalt, Jeremy, M,, Date of Receipt Mailing Address 1305 Asbury Road 2021 City Zip Code State Transaction ID: SA11AI.22091 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) Maxim Healthcare Services Inc Director - Accounts Receivable Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Spalt, Jeremy, M, Date of Receipt Mailing Address 1305 Asbury Road 2021 City State Zip Code Transaction ID: SA11AI.22092 MD **Baltimore** 21209 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 - Accounts Receivable Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Spalt, Jeremy, M, Date of Receipt Mailing Address 1305 Asbury Road 26 2021 City Zip Code State Transaction ID: SA11AI.22093 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) Payroll Deduction Maxim Healthcare Services Inc Director - Accounts Receivable Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 15.00 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 Stabley, Kieta, L, , Date of Receipt Mailing Address 202 Rudolph Ln 2021 City Zip Code State Transaction ID: SA11AI.22094 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) Director of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 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.22095 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 Payroll Deduction Director of Clinical Ops 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. Stabley, Kieta, L, , Date of Receipt Mailing Address 202 Rudolph Ln 19 2021 City Zip Code State Transaction ID: SA11AI.22096 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) Payroll Deduction Maxim Healthcare Services Inc **Director of Clinical Ops** Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 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.										
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Α.	· · · · · · · · · · · · · · · · · · ·	Date of Receipt									
	Mailing Address 202 Rudolph Ln City	11 26 2021 Transaction ID : SA11AI.22097									
	Hubert	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	5.00									
	Name of Employer (for Individual)		tion (for Individual)	Memo Item							
	Maxim Healthcare Services Inc Receipt For:	Directo Aggregate Yea	r of Clinical Ops	Payroll Deduction							
	Primary General Other (specify) ▼]									
В.	Full Name of Individual (Last, First, Middle Initi Stewart, Philip, , ,	Date of Receipt									
	Mailing Address 2194 SW 25th Terrace			11 05 2021							
	City	State FL	Zip Code 33133	Transaction ID : SA11AI.22098							
	Miami	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		ation (for Individual) or of Business Ops	Memo Item Payroll Deduction							
	Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼								
	Other (specify) ▼		450.00								
С .	Full Name of Individual (Last, First, Middle Initi Stewart, Philip, , ,	al) or Full Orga	nization Name	Date of Receipt							
	Mailing Address 2194 SW 25th Terrace			11 12 2021							
	City Miami	State FL	Zip Code 33133	Transaction ID : SA11AI.22099							
	FEC ID number of contributing			Amount of Each Receipt this Period							
	federal political committee.	C		10.00							
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item							
	Maxim Healthcare Services Inc	Director	r of Business Ops	Payroll Deduction							
	Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼								
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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 Stewart, Philip, , , Date of Receipt Mailing Address 2194 SW 25th Terrace 19 2021 City Zip Code State Transaction ID: SA11AI.22100 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 Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 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 2021 City State Zip Code Transaction ID: SA11AI.22101 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 Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Stickles, Jeremy, D., Date of Receipt Mailing Address 1650 Overbrook Rd 05 2021 Apt 18 City State Zip Code Transaction ID: SA11AI.22102 VARichmond 23220 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 Field Manager Payroll Deduction Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 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 Stickles, Jeremy, D, , Date of Receipt Mailing Address 1650 Overbrook Rd 2021 Apt 18 City Zip Code State Transaction ID: SA11AI.22103 VA Richmond 23220 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 Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Stickles, Jeremy, D, , Date of Receipt Mailing Address 1650 Overbrook Rd 19 2021 Apt 18 City State Zip Code Transaction ID: SA11AI.22104 VA Richmond 23220 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 Field Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Stickles, Jeremy, D., Date of Receipt Mailing Address 1650 Overbrook Rd 26 2021 Apt 18 City State Zip Code Transaction ID: SA11AI.22105 VARichmond 23220 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 Area Field Manager Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 30.00 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 Stone, Sean, Taylor, , Date of Receipt Mailing Address 6029 Marlee Ct 2021 City Zip Code State Transaction ID: SA11AI.22106 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) Sr.Business Development Mgr Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 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.22107 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 Payroll Deduction Sr.Business Development Mgr 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. Stone, Sean, Taylor, , Date of Receipt Mailing Address 6029 Marlee Ct 19 2021 City State Zip Code Transaction ID: SA11AI.22108 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) Payroll Deduction Maxim Healthcare Services Inc Sr.Business Development Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 Stone, Sean, Taylor, , Date of Receipt Mailing Address 6029 Marlee Ct 2021 City Zip Code State Transaction ID: SA11AI.22109 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) Sr.Business Development Mgr 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.** Stover, Regina, , , Date of Receipt Mailing Address 3400 Hemphill Road 2021 City State Zip Code Transaction ID: SA11AI.22110 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 Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Stover, Regina, , , Date of Receipt Mailing Address 3400 Hemphill Road 12 2021 City State Zip Code Transaction ID: SA11AI.22111 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) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 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 Stugelmeyer, Brian, , , Date of Receipt Mailing Address 2400 65th LN NW 2021 City Zip Code State Transaction ID: SA11AI.22119 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 Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Stugelmeyer, Brian, , , Date of Receipt Mailing Address 2400 65th LN NW 2021 City State Zip Code Transaction ID: SA11AI.22120 WA Olympia 98502 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) 470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Stugelmeyer, Brian, , , Date of Receipt Mailing Address 2400 65th LN NW 26 2021 City Zip Code State Transaction ID: SA11AI.22121 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) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 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 Taylor, Patrick, , , Date of Receipt Mailing Address 750 El Encino Way 2021 City Zip Code State Transaction ID: SA11AI.22122 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) Area Vice President - Staffing Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 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.22123 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 Payroll Deduction Area Vice President - Staffing 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.** Taylor, Patrick, , , Date of Receipt Mailing Address 750 El Encino Way 19 2021 City State Zip Code Transaction ID: SA11AI.22124 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) Payroll Deduction Maxim Healthcare Services Inc Area Vice President - Staffing Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 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 Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 2021 City Zip Code State Transaction ID: SA11AI.22135 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) Vice President - Finance Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 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.22136 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 Payroll Deduction Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 340.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 26 2021 City Zip Code State Transaction ID: SA11AI.22137 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) Payroll Deduction Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 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 Whitehead, Erin, , , Date of Receipt Mailing Address 203 Weaver St 2021 City Zip Code State Transaction ID: SA11AI.22138 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 Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 315.00 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.22139 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 Payroll Deduction Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 322.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Whitehead, Erin, , , Date of Receipt Mailing Address 203 Weaver St 19 2021 City Zip Code State Transaction ID: SA11AI.22140 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) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 329.00 Other (specify) 21.00 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 Whitehead, Erin, , , Date of Receipt Mailing Address 203 Weaver St 2021 City Zip Code State Transaction ID: SA11AI.22141 NC Randleman 27317 Amount of Each Receipt this Period FEC ID number of contributing C 7.00 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 336.00 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.22142 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 Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 450.00 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 12 2021 Zip Code State Transaction ID: SA11AI.22143 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) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 27.00 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 Whiting, Evan, D, , Date of Receipt Mailing Address 1469 Bridle Creek Blvd 19 2021 City Zip Code State Transaction ID: SA11AI.22144 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 Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 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.22145 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 Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.00 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 05 2021 City State Zip Code Transaction ID: SA11AI.22146 FL Ponte Vedra Beach 32082 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 450.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 Wiltgen, Daniel, Joseph, , Date of Receipt Mailing Address 4151 N Lincoln Ave Unit 3 2021 City State Zip Code Transaction ID: SA11AI.22158 IL Chicago 60618 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 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wiltgen, Daniel, Joseph, , Date of Receipt Mailing Address 4151 N Lincoln Ave 11 2021 Unit 3 City State Zip Code Transaction ID: SA11AI.22159 IL Chicago 60618 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) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wiltgen, Daniel, Joseph, Date of Receipt Mailing Address 4151 N Lincoln Ave 19 2021 Unit 3 City State Zip Code Transaction ID: SA11AI.22160 IL Chicago 60618 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 Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 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 Wiltgen, Daniel, Joseph, , Date of Receipt Mailing Address 4151 N Lincoln Ave Unit 3 2021 City Zip Code State Transaction ID: SA11AI.22161 IL Chicago 60618 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) 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. Woods, Brien, , , Date of Receipt Mailing Address 5637 Ringwood Dr 2021 City State Zip Code Transaction ID: SA11AI.22162 MD Halethorpe 21227 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. Operations Support Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Woods, Brien, , , Date of Receipt Mailing Address 5637 Ringwood Dr 12 2021 City Zip Code State Transaction ID: SA11AI.22163 MD Halethorpe 21227 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. Operations Support Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X)

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federal political committee.	C	5.00
Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: □ Primary □ General Other (specify) ▼	Occupation (for Individual) Sr. Operations Support Manager Aggregate Year-to-Date ▼ 235.00	Memo Item Payroll Deduction
Full Name of Individual (Last, First, Middle Woods, Brien, , , Mailing Address 5637 Ringwood Dr City Halethorpe FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code MD 21227 C Occupation (for Individual) Sr. Operations Support Manager Aggregate Year-to-Date ▼ 240.00	Date of Receipt 11 26 2021 Transaction ID: SA11Al.22165 Amount of Each Receipt this Period 5.00 Memo Item Payroll Deduction
Full Name of Individual (Last, First, Middle Yates, Erica, , , Mailing Address 3322 148th St SW Unit E5 City Lynnwood		Date of Receipt 11 05 2021 Transaction ID: SA11AI.22170 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	Occupation (for Individual) Clinical Manager Aggregate Year-to-Date ▼ 225.00	5.00 Memo Item Payroll Deduction
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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 Yates, Erica, , , Date of Receipt Mailing Address 3322 148th St SW Unit E5 City Zip Code State Transaction ID: SA11AI.22171 WA Lynnwood 98087 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 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yates, Erica, , , Date of Receipt Mailing Address 3322 148th St SW Unit E5 2021 City State Zip Code Transaction ID: SA11AI.22172 WA Lynnwood 98087 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) ▼ 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Yates, Erica, , , Date of Receipt Mailing Address 3322 148th St SW Unit E5 26 2021 City Zip Code State Transaction ID: SA11AI.22173 WA Lynnwood 98087 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 240.00 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 Zdarko, Joel, , , Date of Receipt Mailing Address 1439 Harlan Dr. 2021 City Zip Code State Transaction ID: SA11AI.22174 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 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zdarko, Joel, , , Date of Receipt Mailing Address 1439 Harlan Dr. 2021 City State Zip Code Transaction ID: SA11AI.22175 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) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Zdarko, Joel, , , Date of Receipt Mailing Address 1439 Harlan Dr. 19 2021 City State Zip Code Transaction ID: SA11AI.22176 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 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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