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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For (Other Than An	Authorized	d Commi	ttee		Office Use	Only	
NAME OF COMMITTEE (in fu		OR PRINT ▼		mple: If ty r the lines.		12FE4M	[5		
MAXIM HEALTH	CARE SER	VICES INC P		ACTION	COMMITT	EE (MAXII	M HEALT	HCARE	PAC)
ADDRESS (number and		27 Lee Deforest Dri	ve						
Check if differ than previousl reported. (ACC	У	olumbia				MD	21046		
2. FEC IDENTIFICA	TION NUMBE	ER ▼	CITY ▲			STATE A	ZII	P CODE	A
C C00558932]	3. IS THIS REPORT	×	NEW (N) OR	AM (A	MENDED)		
4. TYPE OF REPO (Choose One) (a) Quarterly Repo	(**) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	(Nor Year De (Nor Year	v 20 (M11) n-Election r Only) c 20 (M12) n-Election r Only)
July 15 Quarterly October 1 Quarterly	Report (Q3)	(c) 12-Day PRE-Election Report for t	on	Primary (1:	2P)	General Special	(12G) (12S)		n 31 (YE)
July 31 M	Report (YE) id-Year on-election) (MY)	(d) 30-Day POST-Elect Report for t		General (3	0G)	Runoff (30R) ir	Specificate of Specificate of	ecial (30S)
5. Covering Period	M M /		019	through	M M M	31	2019	Y	
I certify that I have exa Type or Print Name of	De	port and to the be Fronzo, Christophe		wledge and	d belief it is tr	ue, correct an	d complete.		
Signature of Treasurer	DeFronzo, (Christopher, , ,		[Electronica	ully Filed] [Date 01	/ 23		y y y y 020
NOTE: Submission of fal	se, erroneous,	or incomplete infor	mation may su	ubject the p	erson signing t	his Report to t	he penalties	of 52 U.S	.C. § 3010
Office Use								FORM . 05/2016	3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Report Covering the Period: From: 12	01 2019 To	12 31 2019
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1, 2019		23698.61
(b) Cash on Hand at Beginning of Reporting Period	26907.09	
(c) Total Receipts (from Line 19)	3591.84	52200.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30498.93	75898.93
. Total Disbursements (from Line 31)	9000.00	54400.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21498.93	21498.93
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	lidate 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)

Write or Type Committee Name

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

I. Receipts I. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Total This Period	Calendar Year-to-Date					
(a) Individuals/Persons Other Than Political Committees							
Than Political Committees							
(i) Itemized (use Schedule A)	3553.84	30422.52					
	3335.04	30422.32					
(ii) Unitemized	38.00	21777.80					
(iii) TOTAL (add							
Lines 11(a)(i) and (ii)▶	3591.84	52200.32					
	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 Contributions (add Lines	Ap. Ap. Ap.	45 45 45					
11(a)(iii), (b), and (c)) (Carry							
Totals to Line 33, page 5)▶	3591.84	52200.32					
2. Transfers From Affiliated/Other							
Party Committees	0.00	0.00					
All Leans Descired	0.00	0.00					
3. All Loans Received	45 45 45	45 45 45					
4. Loan Repayments Received	0.00	0.00					
5. Offsets To Operating Expenditures	7 7	7 7					
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	0.00	0.00					
6. Refunds of Contributions Made	4 4	4 4					
to Federal Candidates and Other							
Political Committees	0.00	0.00					
7. Other Federal Receipts							
(Dividends, Interest, etc.)	0.00	0.00					
3. Transfers from Non-Federal and Levin Funds							
(a) Non-Federal Account (from Schedule H3)	0.00	0.00					
(IIOIII Ochedule 110)	0.00	0.00					
(b) Lovin Funda (from Cabadula HE)	0.00	0.00					
(b) Levin Funds (from Schedule H5)	4 4	4 4					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
		7 7 7					
9. Total Receipts (add Lines 11(d),							
12, 13, 14, 15, 16, 17, and 18(c))▶	3591.84	52200.32					
D. Total Federal Receipts							
(subtract Line 18(c) from Line 19)▶	3591.84	52200.32					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		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	0.00	200
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	5000.00	14000.00
Independent Expenditures	4 4	
(use Schedule E)Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
	4 4	4 4 4
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	4 4	
Than Political Committees	0.00	0.00
(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 Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	4000.00	40400.00
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	200	
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))	9000.00	54400.00
Total Federal Disbursements	7 1 7 1 7	
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	9000.00	54400.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3591.84	52200.32
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3591.84	52200.32
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 2019 City Zip Code State Transaction ID: SA11AI.18296 KS Overland Park 66215 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Andrews, Haven, , , Date of Receipt Mailing Address 21 Harrisecket Rd 2019 City State Zip Code Transaction ID: SA11AI.18297 ME Kennebunk 04043 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Apperson, Kevin, D., Date of Receipt Mailing Address 2235 Eutaw Place 2019 City Zip Code State Transaction ID: SA11AI.18298 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Chief Information Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 1560.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beams, Michael, I,, Date of Receipt Mailing Address 3035 Panama Avenue 2019 City Zip Code State Transaction ID: SA11AI.18299 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Beethe, Ryan, P, , Date of Receipt Mailing Address 16632 Canyon Trail 2019 City State Zip Code Transaction ID: SA11AI.18300 NE Omaha 68136 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 Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Besancon, David, L, Date of Receipt Mailing Address 4567 Ashview Ct. 2019 City Zip Code State Transaction ID: SA11AI.18301 OH Hilliard 43026 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) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bevelacqua, Jessica, L,, Date of Receipt Mailing Address 707 Koa Court 2019 City Zip Code State Transaction ID: SA11AI.18302 CA Sunnyvale 94086 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) **Director of Clinical Operations** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bierlink, Aaron, F, Date of Receipt Mailing Address 7007 180th St SW 2019 City State Zip Code Transaction ID: SA11AI.18303 WA Edmonds 98026 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 Director of Business Ops-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 2019 City Zip Code State Transaction ID: SA11AI.18304 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 80.00 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, R,, Date of Receipt Mailing Address 6221 Apopka Court 2019 City Zip Code State Transaction ID: SA11AI.18306 FL Jacksonville 32258 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) Maxim Healthcare Services Inc **Business Development Mgr** Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campbell, Theodore, Allen, Date of Receipt Mailing Address 9338 Merlot Circle 2019 City State Zip Code Transaction ID: SA11AI.18307 Breinigsville PA 18031 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 Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campion, Michael, J., Date of Receipt Mailing Address 205 Nomini Drive 2019 City Zip Code State Transaction ID: SA11AI.18308 MD Arnold 21012 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) Maxim Healthcare Services Inc Director of Divisional Operati Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 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 Carlson, Donald, W,, Date of Receipt Mailing Address 5140 S Mallard Cir 2019 City Zip Code State Transaction ID: SA11AI.18309 WI Greenfield 53221 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) Director of Business Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Caswell, Jason, B,, Date of Receipt Mailing Address 213 Cinnabar Trail 2019 City State Zip Code Transaction ID: SA11AI.18310 TX Cibolo 78108 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Portfolio Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ceron, Kelly, N., Date of Receipt Mailing Address 15735 Arabian Way 2019 City State Zip Code Transaction ID: SA11AI.18311 FL Montverde 34756 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Charboneau, Diane, T,, Date of Receipt Mailing Address 8230 East Levitt St 2019 City Zip Code State Transaction ID: SA11AI.18312 KS Wichita 67207 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 Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Christofferson, Tiffany, M, , Date of Receipt Mailing Address 79824 Bethpage Ave 2019 City State Zip Code Transaction ID: SA11AI.18313 CA Indio 92201 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 **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Colleran, Kimberly, Ann, Date of Receipt Mailing Address 187 Market St. 2019 City State Zip Code Transaction ID: SA11AI.18314 PΑ Pittston Township 18640 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) Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

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

Use separate schedule(s)

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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 Deeb, Brandi, L,, Date of Receipt Mailing Address 1506 Terra Oaks Court 2019 City Zip Code State Transaction ID: SA11AI.18318 MD Mount Airy 21771 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) Controller - Regional HH Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DePriest, Jarrod, , , Date of Receipt Mailing Address 235 Buckboard Rd West 2019 2807 City State Zip Code Transaction ID: SA11AI.18319 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr. VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Diaz, Matthew, M, Date of Receipt Mailing Address 4910 Regal Court 2019 City State Zip Code Transaction ID: SA11AI.18320 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 260.00 SUBTOTAL of Receipts This Page (optional).....

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dover, Wesley, R,, Date of Receipt Mailing Address 1163 Via Lucero 2019 Apt U303 City State Zip Code Transaction ID: SA11AI.18321 CA Oceanside 92056 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) Director of Business Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Drury, Erica, Eisenlauer, , Date of Receipt Mailing Address 1139 Perkins Way 2019 City State Zip Code Transaction ID: SA11AI.18322 CA Sacramento 95818 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 Director of State Affairs 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.** Feldman, Amy, , , Date of Receipt Mailing Address 10711 Huntwood Drive 2019 City State Zip Code Transaction ID: SA11AI.18324 MD Silver Spring 20901 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc VP of Clinical & Reg Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fernie, Elizabeth, D,, Date of Receipt Mailing Address 154 Blackswan Pl 2019 Zip Code State Transaction ID : SA11AI.18325 TX The Woodlands 77354 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Operations Manager Aggregate Year-to-Date ▼ 520.00	Memo Item
Full Name of Individual (Last, First, Middle II Finley, Adam, B, , Mailing Address 6355 E. Lyell Ave City Fresno FEC ID number of contributing federal political committee.	State Zip Code CA 93727	Date of Receipt 12 27 2019 Transaction ID : SA11AL18326 Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Maxim Healthcare Services Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Director of Business Ops Aggregate Year-to-Date ▼ 260.00	Memo Item
Full Name of Individual (Last, First, Middle In Foster, Claire, K, , Mailing Address 108 Colonial Dr City Wilmington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary Other (specify)	State Zip Code 28403 C Occupation (for Individual) Director of Field Support Aggregate Year-to-Date 520.00	Date of Receipt 12 27 2019 Transaction ID: SA11AI.18327 Amount of Each Receipt this Period 40.00 Memo Item
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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 Friedell, Andrew, , , Date of Receipt Mailing Address 523A Epping Forrest Rd 2019 City Zip Code State Transaction ID: SA11AI.18328 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP Strategic Solutions Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1560.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Friedman, Toni-Jean, L, , Date of Receipt Mailing Address 3911 Briar Knoll Cir 2019 City State Zip Code Transaction ID: SA11AI.18329 MD Phoenix 21131-2123 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 Sr. VP - General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gehman, Robert, K, , Jr Date of Receipt Mailing Address 229 Treherne Road 2019 City Zip Code State Transaction ID: SA11AI.18330 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc SVP. - Continuous Improvement Receipt For: Aggregate Year-to-Date ▼ Primary General 1040.00 Other (specify) 220.00 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 Gering, Joseph, , , Date of Receipt Mailing Address 1529 E. Blackwood Lane 2019 City Zip Code State Transaction ID: SA11AI.18331 WA Spokane 99223 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area Director of Staffing Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonzalez, Rhonda, C, , Date of Receipt Mailing Address 2512 Avocet Way 2019 City State Zip Code Transaction ID: SA11AI.18332 CA Lincoln 95648 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 Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hagen, Mildred, , , Date of Receipt Mailing Address 129 County Road 4880 2019 City State Zip Code Transaction ID: SA11AI.18333 TX Newark 76071 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 100.00 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 3035 Panama Ave 2019 City Zip Code State Transaction ID: SA11AI.18334 CA Carmichael 95608 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) Regional Director-Business Dev Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hughes, Laura, L, , Date of Receipt Mailing Address 19914 Gunpowder Road 2019 City State Zip Code Transaction ID: SA11AI.18335 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jacks, Jean, M, Date of Receipt Mailing Address 4277 Rhodes Ave 2019 City State Zip Code Transaction ID: SA11AI.18336 TN Memphis 38111 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) Maxim Healthcare Services Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 160.00 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 Jesiolkiewic, Leah, M,, Date of Receipt Mailing Address 207 Grace Manor Drive 2019 City Zip Code State Transaction ID: SA11AI.18337 PA Coraopolis 15108 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Development Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jesiolkiewic, Louis, Carl, Date of Receipt Mailing Address 23 Jaycee Drive 2019 City State Zip Code Transaction ID: SA11AI.18338 PA Pittsburgh 15243 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Director of Staffing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jones, Blake, W., Date of Receipt Mailing Address 1508 Charleston Lane 2019 City State Zip Code Transaction ID: SA11AI.18339 OH Loveland 45140 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) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Khayyat, Andrea, E, , Date of Receipt Mailing Address 1830 English Oak Dr 2019 City Zip Code State Transaction ID: SA11AI.18341 MO Lake Saint Louis 63376 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kile, Justin, , , Date of Receipt Mailing Address 8707 Marburg Manor Drive 2019 City State Zip Code Transaction ID: SA11AI.18342 Lutherville Timonium MD 21093 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Nat'L Director of Program Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Langley, William, J., Date of Receipt Mailing Address 302 Bennett Street 2019 City State Zip Code Transaction ID: SA11AI.18343 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr. VP Chief Medical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) 160.00 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. 2019 City Zip Code State Transaction ID: SA11AI.18344 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP of Clinical Operations Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1560.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lavelle, Barbara, J,, Date of Receipt Mailing Address 8 Bartman Road 2019 City State Zip Code Transaction ID: SA11AI.18345 East Brunswick NJ 08816 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 **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.** Liberty, Anthony, , , Date of Receipt Mailing Address 2677 Sugar Pine Run 2019 City State Zip Code Transaction ID: SA11AI.18346 FL Oviedo 32765 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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, M,, Date of Receipt Mailing Address 35 Hastings Rd. 2019 City Zip Code State Transaction ID: SA11AI.18347 NJ Yardville 08620 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 **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Magrini, Joshua, Mark, , Date of Receipt Mailing Address 1012 Hunter Ave 2019 City State Zip Code Transaction ID: SA11AI.18348 FL Orlando 32804 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 **Business Development Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Maloney, Daniel, P, , Date of Receipt Mailing Address 129 Baltursrol PI 2019 City State Zip Code Transaction ID: SA11AI.18350 CA San Ramon 94583 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) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 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 Markewicz, Jeremy, T.,, Date of Receipt Mailing Address 2678 Westbreeze Dr 2019 City Zip Code State Transaction ID: SA11AI.18351 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 38.48 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.24 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 2019 City State Zip Code Transaction ID: SA11AI.18352 PA Glenshaw 15116 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. McNamara, Daniel, B, Date of Receipt Mailing Address 51 Cypress St 2019 City Zip Code State Transaction ID: SA11AI.18353 NY Floral Park 11001 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 Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 98.48 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 Meeker, Mary, L,, Date of Receipt Mailing Address 12068 Royal Fern Ln 2019 City Zip Code State Transaction ID: SA11AI.18354 FL Jacksonville 32223 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 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 2019 City State Zip Code Transaction ID: SA11AI.18356 OH Boardman 44512 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Middleton, Deeley, C, Date of Receipt Mailing Address 213 St Dunstans Road 2019 City Zip Code State Transaction ID: SA11AI.18357 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing C 115.36 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr. VP Quality, Safety Receipt For: Aggregate Year-to-Date ▼ Primary General 1499.68 Other (specify) 195.36 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 Miller, Natalie, M, , Date of Receipt Mailing Address 14057 Montecello Dr 2019 City Zip Code State Transaction ID: SA11AI.18358 MD Cooksville 21723 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moore, Tricia, A,, Date of Receipt Mailing Address 833 Ninth Avenue 2019 City State Zip Code Transaction ID: SA11AI.18359 NJ Toms River 08757 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 Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Nasuta, Vincent, M., Date of Receipt Mailing Address 4 Bartine St 2019 City Zip Code State Transaction ID: SA11AI.18360 NJ Toms River 08753 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) Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 80.00 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 Nestell, Tamara, K, , Date of Receipt Mailing Address 6105 Seabury Court 2019 City Zip Code State Transaction ID: SA11AI.18361 TN Knoxville 37931 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) Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 2019 City State Zip Code Transaction ID: SA11AI.18362 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Nowinski, Casey, , , Date of Receipt Mailing Address 10755 Hampton PI 2019 City State Zip Code Transaction ID: SA11AI.18363 IN Newburgh 47630 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 Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Passabet, David, J,, Date of Receipt Mailing Address 110 Lorna Doone Dr 2019 City Zip Code State Transaction ID: SA11AI.18368 VA Yorktown 23692 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) Regional Director-Business Dev Maxim Healthcare Services Inc 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. Peaslee, Robert, B., Date of Receipt Mailing Address 210 Bentwood Ct 2019 City State Zip Code Transaction ID: SA11AI.18369 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing 38.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 494.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Rajan, Gautam, Chandramohan, Date of Receipt Mailing Address 6420 Ruth Dr 2019 City State Zip Code Transaction ID: SA11AI.18370 OH Seven Hills 44131 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) Maxim Healthcare Services Inc Account Executive - MHIS Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 78.00 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 Rivera, Luis, F,, Date of Receipt Mailing Address 26987 Glenside Ln 2019 City Zip Code State Transaction ID: SA11AI.18374 Olmsted Township OH 44138 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) Regional Director-Business Dev Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rosier, Collan, B,, Date of Receipt Mailing Address 2025 Harbour Gates Dr 2019 #288 City State Zip Code Transaction ID: SA11AI.18375 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rozelle, Christopher, M., Date of Receipt Mailing Address 2013 Powers Ferry Rd SE 2019 City State Zip Code Transaction ID: SA11AI.18377 GΑ Marietta 30067 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional).....

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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 Spalt, Jeremy, M,, Date of Receipt Mailing Address 1305 Asbury Road 2019 City Zip Code State Transaction ID: SA11AI.18381 MD **Baltimore** 21209 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) Sr. Operations Support Manager Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Stabley, Kieta, L, , Date of Receipt Mailing Address 202 Rudolph Ln 2019 City State Zip Code Transaction ID: SA11AI.18382 NC Hubert 28539 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 Director of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Stickles, Jeremy, D., Date of Receipt Mailing Address 2909 Hanes Ave 2019 #148 City State Zip Code Transaction ID: SA11AI.18383 VARichmond 23222 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Field Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 38 OF 39					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check only					
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NAME OF COMMITTEE (In Full)								
MAXIM HEALTHCARE SERVICES INC	POLITICA	AL ACTION C	OMMITTEE	(MAXIM HEALTI	HCARE PAC)			
Full Name (Last, First, Middle Initial)				Date of Disburseme				
	Charles Perry Campaign							
Mailing Address P.O. Box 94806				12 06 2019				
City Lubbock	State TX	Zip Code 79493		FEC Identification I	Number			
Purpose of Disbursement		70100		C				
Non-Federal Political Contribution			011	Transaction ID	: SB29.18406			
Candidate Name			Category/	Amount of Each Disbursement this Period				
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Senate				7 7				
President State: District:	Other (spec	cify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)								
B. Craig Goldman Campaign				Date of Disbursement				
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Mailing Address P.O. Box 10039		12 06 2019						
,	State Zip Code TX 76185			FEC Identification I	Number			
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Office Sought: House Disburser								
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Full Name (Last, First, Middle Initial) C. Gina Hinojosa For State Represent	Date of Disburseme	ent						
Mailing Address P.O. Box 300095	12 06	2019						
City	State	Zip Code		FFO Identification N	M			
Austin	TX	78703		FEC Identification I	vuriber			
Purpose of Disbursement Non-Federal Political Contribution	011	C Transaction ID) - SR20 18407					
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Use separate schedule(s) for each category of the Detailed Summary Page State Purpose of Disbursement Non-Federal Political Contribution Candidate Name State President Presi	SCHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 39 OF 39				
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