PAGE 1 / 96

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

I OKWI 3X	For	Other Than I	An Authorized	l Commi	ttee		Office Use	e Only	
NAME OF COMMITTEE (in the community of the community		E OR PRINT ▼		mple: If typrometric transfer in the lines.	oing, type	12FE4N	15		
MAXIM HEALTH	ICARE SE	RVICES INC	POLITICAL	ACTION	COMMITTI	EE (MAXI	M HEAL	ΓHCAR	E _{PAC})
ADDRESS (number and ▼	d street)	227 Lee Deforest	Drive						
Check if diffe than previous reported. (AC	sly , c	Columbia				MD	21046		
2. FEC IDENTIFICA	ATION NUMB	ER ▼	CITY ▲		;	STATE A	2	ZIP CODE	A
C C00558932	2		3. IS THIS REPORT	×	NEW (N) OR	A (/	MENDED A)		
4. TYPE OF REP (Choose One)		b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)	-	g 20 (M8) o 20 (M9)	Ve D	ov 20 (M11) on-Election ear Only) ec 20 (M12) on-Election
(a) Quarterly Rep April 15	orts:	Ī	Apr 20 (M4)		Jul 20 (M7)	× Oc	20 (M10)	Ye	an 31 (YE)
	Report (Q1)	(c) 12-Day		Primary (12	2P)	Genera	(12G)	Ru	unoff (12R)
	Report (Q2)	PRE-Ele Report f		Convention	(12C)	Special	(12S)		
January	Report (Q3) 31 Report (YE)		Election on	M M	/ D I D /	Y Y		in the State of	
July 31 M Report (N Year Onl	Non-election	(d) 30-Day POST-E Report f		General (3	0G)	Runoff	(30R)	Sp	pecial (30S)
Terminati (TER)	on Report	·	Election on	M = M	/ D = D /	Y I Y II Y II		in the State of	
5. Covering Period	M M 09	01 Y	2023	through	M M	/ 30	/ Y Y 202		
I certify that I have ex		-		wledge and	d belief it is tru	ie, correct a	nd complete	Э.	
Type or Print Name of	Treasurer _	Campbell, Tara, ,	,						
Signature of Treasurer	. Campbell,	Tara, , ,				Date 10	M / 18		2023
NOTE: Submission of fa	alse, erroneous	or incomplete in	nformation may su	bject the po	erson signing th	nis Report to	the penaltie	s of 52 U.	S.C. § 30109
Office Use								FORM ev. 05/2016	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

		COLUMN A	COLUMN B
		This Period	Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2023		109164.45
	(b) Cash on Hand at Beginning of Reporting Period	114499.01	
	(c) Total Receipts (from Line 19)	5791.70	42766.26
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	120290.71	151930.71
7.	Total Disbursements (from Line 31)	23000.00	54640.00
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97290.71	97290.71
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From:	01 2023 To:	09 / 30 / 2023
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 (i) Itemized (use Schedule A)	3176.70	16425.72
Ī	2615.00	26340.54
(ii) Unitemized(iii) TOTAL (add	2013.00	20040.04
Lines 11(a)(i) and (ii)▶	5791.70	42766.26
(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		
Totals to Line 33, page 5)	5791.70	42766.26
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	7	7 7 7
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(non ochedule 110)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
		4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),	270,70	40700.00
12, 13, 14, 15, 16, 17, and 18(c))▶	5791.70	42766.26
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	5791.70	42766.26

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)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	18000.00	20000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	1 1 45 1 1 45 1 1 45
	7 7 7 7	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	240.00
(b) Political Party Committees(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	240.00
Other Disbursements (Including Non-Federal Donations)	5000.00	34400.00
Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity (from Schedule H6)	(20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
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))	23000.00	54640.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	23000.00	54640.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

	ontributions/ Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contribution (from Line 11(d),	s (other than loans) page 3)	5791.70	42766.26
 Total Contribution (from Line 28(d)) 	Refunds	0.00	240.00
 Net Contributions (subtract Line 34 	(other than loans) from Line 33)	5791.70	42526.26
 Total Federal Open (add Line 21(a)(i) 	erating Expenditures and Line 21(b))▶	0.00	0.00
 Offsets to Operat (from Line 15, pa 	ing Expenditures ge 3)	0.00	0.00
38. Net Operating Ex (subtract Line 37	penditures from Line 36)	0.00	0.00

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

FOR	LINE	PAGE	6	OF	96			
(che	ck only	or	ne)					
X	11a		11b		11c	12	2	
	13		14		15	16	6	17

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 2023 01 City Zip Code State Transaction ID: SA11AI.33825 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) Maxim Healthcare Services Inc Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 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 09 80 2023 City State Zip Code Transaction ID: SA11AI.33977 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 Area VP Clinical Operations 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 Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 2023 15 City State Zip Code Transaction ID : SA11AI.34129 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 370.00 Other (specify) 30.00 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

F	OR	LINE	NU	MBER	PAGE	7	OF	96	
(0	che	ck only	or	ne)					
	×	11a		11b		11c	12		
		13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 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 2023 City Zip Code State Transaction ID: SA11AI.34282 KS Overland Park 66215 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 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 09 29 2023 City State Zip Code Transaction ID: SA11AI.34434 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 Area VP Clinical Operations 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 Andrews, Haven, , , Date of Receipt Mailing Address 21 Harrisecket Rd 01 2023 City State Zip Code Transaction ID : SA11AI.33808 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 350.00 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 Detailed Summary Page

F	OR	LINE	PAGE	8	OF	96				
(0	che	ck only	or	ne)						
	X	11a		11b		11c	12			
		13		14		15	16	;	17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 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 2023 City Zip Code State Transaction ID: SA11AI.33960 ME 04043 Kennebunk 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 360.00 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 09 15 2023 City State Zip Code Transaction ID: SA11AI.34112 Kennebunk ME 04043 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Andrews, Haven, , , Date of Receipt Mailing Address 21 Harrisecket Rd 2023 22 City State Zip Code Transaction ID: SA11AI.34265 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 380.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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

FOF	LINE	PAGE	9	OF	96			
(che	ck only	or	ne)					
X	11a		11b		11c	12		
	13		14		15	16	;	17

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 2023 29 City Zip Code State Transaction ID: SA11AI.34417 ME 04043 Kennebunk 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 390.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beams, Michael, Irwin Keoke, Date of Receipt Mailing Address 2235 Madera Ave 09 01 2023 City State Zip Code Transaction ID: SA11AI.33809 **Dallas** TX 75206 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beams, Michael, Irwin Keoke, , Date of Receipt Mailing Address 2235 Madera Ave 80 2023 City State Zip Code Transaction ID: SA11AI.33961 TX Dallas 75206 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 360.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF Use se for eac Detaile

eparate schedule(s)	(obook only		. [1710]	_ 10 01				
ch category of the	(check only one)							
ed Summary Page	X 11a	11b	11c	12				
a commonly angle	13	14	15	16	17			
and an unand his anis no	roon for the	aurnaaa af	aaliaitina	oontributie				

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, Frat, Middle Initial) or Full Organization Name Baams, Michael, Invin Keoke, Maling Address 2236 Madera Ave City Date of Receipt Transaction ID: \$411,000 Transa		I Statements may not be sold or used by any per- the name and address of any political committee t	
Date of Receipt Date of Receipt	\ ' '	ES INC POLITICAL ACTION COMMI	TTEE (MAXIM HEALTHCARE PAC)
Beams, Michael, Irwin Keoke, , Mailing Address 2235 Madera Ave City Dallas TX TS206 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary Other (specify) Relating Address 2235 Madera Ave Aggregate Year-to-Date ▼ City Dallas Tansaction ID: SA11Al.34266 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Tansaction ID: SA11Al.34266 Amount of Each Receipt this Period Payroll Deduction Date of Receipt Tansaction ID: SA11Al.34266 Amount of Each Receipt this Period Payroll Deduction Date of Receipt Tansaction ID: SA11Al.34266 Amount of Each Receipt this Period Payroll Deduction Date of Receipt Tansaction ID: SA11Al.34266 Amount of Each Receipt this Period Payroll Deduction Date of Receipt Tansaction ID: SA11Al.34266 Amount of Each Receipt this Period Tansaction ID: SA11Al.34418 Amount of Each Receipt this Period Tansaction ID: SA11Al.34418 Amount of Each Receipt this Period Payroll Deduction Aggregate Year-to-Date ▼ Primary Other (specify) Aggregate Year-to-Date ▼ Primary Other (specify) Aggregate Year-to-Date ▼ Substotal of Receipts This Page (optional) Aggregate Year-to-Date ▼ Substotal of Receipts This Page (optional)	A. Beams, Michael, Irwin Keoke, , Mailing Address 2235 Madera Ave City Dallas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General	State Zip Code TX 75206 C Occupation (for Individual) Regional Vice President Aggregate Year-to-Date ▼	Transaction ID : SA11AI.34113 Amount of Each Receipt this Period 10.00 Memo Item
Beams, Michael, Irwin Keoke, , Mailing Address 2235 Madera Ave City Dallas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) State Zip Code TX 75206 C C C Memount of Each Receipt this Period Memo Item Payroll Deduction Aggregate Year-to-Date Aggregate Year-to-Date 390.00 SUBTOTAL of Receipts This Page (optional)	Beams, Michael, Irwin Keoke, , Mailing Address 2235 Madera Ave City Dallas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	State Zip Code 75206 C Occupation (for Individual) Regional Vice President Aggregate Year-to-Date ▼ 380.00	Transaction ID : SA11AI.34266 Amount of Each Receipt this Period 10.00 Memo Item
SUBTOTAL of Receipts Trils Page (optional)	City Dallas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General	State Zip Code TX 75206 C Occupation (for Individual) Regional Vice President Aggregate Year-to-Date ▼ 390.00	Transaction ID : SA11AI.34418 Amount of Each Receipt this Period 10.00 Memo Item
		<u>_</u>	30.00

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

96

11

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 Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 2023 City Zip Code State Transaction ID: SA11AI.33792 O'Fallon MO 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 350.00 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 09 80 2023 City State Zip Code Transaction ID: SA11AI.33944 O'Fallon MO 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 Area Vice President 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 Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 2023 15 City State Zip Code Transaction ID: SA11AI.34096 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 370.00 Other (specify) 30.00 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

Ε(UH	LINE	Ŋυ	MRFK	PAGE	-	12	OF		90	
(C	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 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 2023 City Zip Code State Transaction ID: SA11AI.34248 O'Fallon MO 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 380.00 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 09 29 2023 City State Zip Code Transaction ID: SA11AI.34401 O'Fallon MO 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 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 Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 01 2023 City State Zip Code Transaction ID : SA11AI.33761 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) VP of Corporate Services Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) 35.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 11c

96

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 Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 2023 City Zip Code State Transaction ID: SA11AI.33913 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) Maxim Healthcare Services Inc VP of Corporate Services Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 09 15 2023 City State Zip Code Transaction ID: SA11AI.34065 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 VP of Corporate Services Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 555.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 2023 22 City Zip Code State Transaction ID: SA11AI.34217 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) Maxim Healthcare Services Inc VP of Corporate Services Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) 45.00 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 (check o

FOF	R LINE	PAGE	1	14 (OF		96			
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 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 2023 City Zip Code State Transaction ID: SA11AI.34370 21042 MD Ellicott City 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) Maxim Healthcare Services Inc VP of Corporate Services Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 585.00 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 09 01 2023 Zip Code City State Transaction ID: SA11AI.33782 Loves Park IL 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 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Burke, Steven, L, , Date of Receipt Mailing Address 701 W Hampton Ave 2023 08 Zip Code City State Transaction ID: SA11AI.33934 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 360.00 Other (specify) 35.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 15 OF

		1011 2012 1101022111											
EMIZED RECEIPTS	Use separate schedule(s) for each category of the	`	(check only one)										
LIWIZED RECEIF 13	Detailed Summary Page	X 11a 11b						11c		12			
		13 14					15		16		17		
ny information copied from such Reports and Statements mar for commercial purposes, other than using the name and a												i	
									_				

01	Tor commercial purposes, other than using the h	arrio aria	uddi		J John John Jakon John Jacon Committee.					
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC PO	OLIT	TICAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)					
v	Full Name of Individual (Last, First, Middle Initia	l) or Full	Orga	nization Name						
Α.	Burke, Steven, L, ,				Date of Receipt					
	Mailing Address 701 W Hampton Ave				09 15 2023					
	City	State		Zip Code	Transaction ID : SA11AI.34086					
	Loves Park	IL		61111	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C			10.00					
	Name of Employer (for Individual)	Oc	ccupa	tion (for Individual)	Memo Item					
	Maxim Healthcare Services Inc	Ar	rea Vi	ce President	Payroll Deduction					
	Receipt For:	Aggregat	te Yes	ar-to-Date ▼	1 ayron Deduction					
	Primary General Other (specify) ▼	, iggrogat	100	370.00						
	Full Name of Individual (Last, First, Middle Initia	l) or Full	Orga	nization Name						
В.	Burke, Steven, L, ,				Date of Receipt					
	Mailing Address 701 W Hampton Ave				09 22 2023					
	City	State		Zip Code	Transaction ID : SA11AI.34238					
	Loves Park	IL		61111	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			10.00					
	Name of Employer (for Individual)	O	ccupa	tion (for Individual)	Memo Item					
	Maxim Healthcare Services Inc			ice President	Payroll Deduction					
	Receipt For:	Aggregat	te Yes	ar-to-Date ▼	, a from Doddonon					
	Primary General	. iggi ogai	.5 100							
	Other (specify) ▼	<u></u>		380.00						
С.	Full Name of Individual (Last, First, Middle Initia Burke, Steven, L, ,	l) or Full	Orga	nization Name	Date of Receipt					
	Mailing Address 701 W Hampton Ave				09 29 2023					
	City	State		Zip Code	Transaction ID : SA11AI.34391					
	Loves Park	IL		61111	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			10.00					
	Name of Employer (for Individual)	Oc	ccupat	tion (for Individual)	Memo Item					
	Maxim Healthcare Services Inc			ce President	Payroll Deduction					
	Receipt For:	Aggregat	te Yea	ar-to-Date ▼						
	Primary General Other (specify)	. iggrogat	100	390.00						
s	SUBTOTAL of Receipts This Page (optional)			·····	30.00					

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

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

F	OH	LINE	NU	MBER	:	PAGE	: '	16	OF		90
(0	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16	;		17

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, James, Date of Receipt Mailing Address 205 Nomini Drive 2023 City Zip Code State Transaction ID: SA11AI.33851 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 Exec Dir of Learning & Org Dev Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campion, Michael, James, , Date of Receipt Mailing Address 205 Nomini Drive 09 80 2023 City State Zip Code Transaction ID: SA11AI.34003 Arnold MD 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 Exec Dir of Learning & Org Dev 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 Campion, Michael, James, Date of Receipt Mailing Address 205 Nomini Drive 2023 15 City State Zip Code Transaction ID : SA11AI.34155 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 Exec Dir of Learning & Org Dev Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) X 11a 11b 11c

96

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 Campion, Michael, James, Date of Receipt Mailing Address 205 Nomini Drive 2023 City Zip Code State Transaction ID: SA11AI.34308 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 Exec Dir of Learning & Org Dev Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campion, Michael, James, , Date of Receipt Mailing Address 205 Nomini Drive 09 29 2023 City State Zip Code Transaction ID: SA11AI.34460 Arnold MD 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 Exec Dir of Learning & Org Dev 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 c. Ceron, Kelly, N, Date of Receipt Mailing Address 15735 Arabian Way 01 2023 City State Zip Code Transaction ID: SA11AI.33818 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 350.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(for each category of the **Detailed Summary Page**

(s)	(check only	one)			
e e	X 11a	11b	11c	12	
	13	14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 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 2023 City State Zip Code Transaction ID: SA11AI.33970 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) Maxim Healthcare Services Inc Regional VP of Clinical Ops 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. Ceron, Kelly, N, Date of Receipt Mailing Address 15735 Arabian Way 09 15 2023 City State Zip Code Transaction ID: SA11AI.34122 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) Regional VP of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ceron, Kelly, N, , Date of Receipt Mailing Address 15735 Arabian Way 2023 22 City State Zip Code Transaction ID : SA11AI.34275 FL Montverde 34756 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: Primary General Other (specify)	Occupation (for Individual) Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 380.00	Memo Item Payroll Deduction
	only)	30.00

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

FOR LINE NUMBER: PAGE 19 OF (check only one)

X 11a 11b 11c 12

13 14 15 16

96

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 2023 City Zip Code State Transaction ID: SA11AI.34427 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) Maxim Healthcare Services Inc Regional VP of Clinical Ops 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. Charles, Veronica, Lee, , Date of Receipt Mailing Address 1232 Florida Ave NE 09 01 2023 City State Zip Code Transaction ID: SA11AI.33881 Washington DC 20002 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 Sr Dir of Fed and State Affair Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Charles, Veronica, Lee, , Date of Receipt Mailing Address 1232 Florida Ave NE 2023 08 City Zip Code State Transaction ID : SA11AI.34033 DC Washington 20002 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 Sr Dir of Fed and State Affair Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) X 11a 11b 11c

96

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 Charles, Veronica, Lee, , Date of Receipt Mailing Address 1232 Florida Ave NE 2023 15 City Zip Code State Transaction ID: SA11AI.34185 Washington DC 20002 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 Sr Dir of Fed and State Affair Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Charles, Veronica, Lee, , Date of Receipt Mailing Address 1232 Florida Ave NE 09 22 2023 City State Zip Code Transaction ID: SA11AI.34338 Washington DC 20002 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 Sr Dir of Fed and State Affair Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Charles, Veronica, Lee, , Date of Receipt Mailing Address 1232 Florida Ave NE 2023 29 City State Zip Code Transaction ID: SA11AI.34489 DC Washington 20002 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 Sr Dir of Fed and State Affair Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOF	LINE	PAGE	2	21	OF		96			
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16			17

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 Cisneros, Anthony, Joseph, Date of Receipt Mailing Address 8626 Napa Landing 2023 01 City State Zip Code Transaction ID: SA11AI.33888 TX 78015 Boerne 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 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cisneros, Anthony, Joseph, Date of Receipt Mailing Address 8626 Napa Landing 09 80 2023 City State Zip Code Transaction ID: SA11AI.34040 Boerne TX 78015 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 Vice President 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 Cisneros, Anthony, Joseph, Date of Receipt Mailing Address 8626 Napa Landing 2023 15 City State Zip Code Transaction ID : SA11AI.34192 TX Boerne 78015 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 22 OF Use separate schedule for each category of th Detailed Summary Pag

e(s)	(c	he	ck only	or	ne)			
ie Ie		X	11a		11b	11c	12	
, -			13		14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

/ W/ JAWY TIE/ AETTIO/ ATAE GET	CVIOLO IIVO I CEITIONE NOTICIA COMINI	TTEE (W/ VXIIVITIE/ LETTIO/ IIXE T / XO)
Full Name of Individual (Last, First, N A. Cisneros, Anthony, Joseph, ,	/liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 8626 Napa Landing		09 22 2023
City	State Zip Code	Transaction ID : SA11AI.34345
Boerne	TX 78015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
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 ▼	_ Payroli Deduction
Primary General Other (specify) ▼	380.00	
Full Name of Individual (Last, First, NB. Cisneros, Anthony, Joseph, ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 8626 Napa Landing		09 29 2023
City	State Zip Code	Transaction ID : SA11AI.34496
Boerne	TX 78015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
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 Other (specify) ▼	390.00	
Full Name of Individual (Last, First, MC. Colvard, Tracy, , ,	liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2609 Pathview Court	t	09 01 2023
City	State Zip Code	Transaction ID : SA11AI.33878
Raleigh	NC 27613	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) Director of State Affairs	Memo Item
Receipt For:		Payroll Deduction
Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (opt	tional)	30.00
TOTAL This Period (last page this line	number only)	

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

FOR	LINE	NU	MBER	PAGE	2	23 OF	=	96			
(che	(check only one)										
X	11a		11b		11c		12				
	13		14		15		16		17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 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 2023 08 City Zip Code State Transaction ID: SA11AI.34030 NC Raleigh 27613 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs 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. Colvard, Tracy, , , Date of Receipt Mailing Address 2609 Pathview Court 09 15 2023 City State Zip Code Transaction ID: SA11AI.34182 Raleigh NC 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 370.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Colvard, Tracy, , , Date of Receipt Mailing Address 2609 Pathview Court 2023 22 City State Zip Code Transaction ID : SA11AI.34335 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 380.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

96

Detailed Summary Page 14 13 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 Colvard, Tracy, , , Date of Receipt Mailing Address 2609 Pathview Court 2023 City Zip Code State Transaction ID: SA11AI.34486 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 Director of State Affairs 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. Crawn, Susan, K,, Date of Receipt Mailing Address 1045 Braewick Cir. NW 09 01 2023 City State Zip Code Transaction ID: SA11AI.33777 Massillon OH 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) Regional VP of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 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 2023 08 City State Zip Code Transaction ID: SA11AI.33929 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional VP of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c

96 25 OF 12 13 14 15 16

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Crawn, Susan, K,, Date of Receipt Mailing Address 1045 Braewick Cir. NW 2023 15 City Zip Code State Transaction ID: SA11AI.34081 OH 44646 Massillon 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 VP of Clinical Ops Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crawn, Susan, K,, Date of Receipt Mailing Address 1045 Braewick Cir. NW 09 22 2023 City State Zip Code Transaction ID: SA11AI.34233 Massillon OH 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 Regional VP of Clinical Ops Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) ▼ 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 2023 29 City State Zip Code Transaction ID: SA11AI.34386 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional VP of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 30.00 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

FOR LINE NOMBE (check only one)

X 11a 11b

F	ЭR	LINE	NU	MBER	PAGE	2	26	OF		96	
(c	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 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 2023 01 City Zip Code State Transaction ID: SA11AI.33771 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 Chief Executive Officer Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 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 09 80 2023 City State Zip Code Transaction ID: SA11AI.33923 Edwards CO 81632 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Executive Officer Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 2023 15 City State Zip Code Transaction ID : SA11AI.34075 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) Maxim Healthcare Services Inc Chief Executive Officer Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1110.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

96

27 OF

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 DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 2023 City Zip Code State Transaction ID: SA11AI.34227 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 Chief Executive Officer Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1140.00 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 09 29 2023 City State Zip Code Transaction ID: SA11AI.34380 Edwards CO 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 Chief Executive Officer Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1170,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Diaz, Matthew, M,, Date of Receipt Mailing Address 4910 Regal Court 01 2023 City State Zip Code Transaction ID : SA11AI.33802 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) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) 90.00 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 Detailed Summary Page

FOR LINE NUMBE (check only one)

FOR	LINE	NU	MBER	PAGE	- 2	28 OF		96		
(che	(check only one)									
X	11a		11b		11c		12			
	13		14		15		16		17	

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 2023 08 City Zip Code State Transaction ID: SA11AI.33954 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) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Diaz, Matthew, M, Date of Receipt Mailing Address 4910 Regal Court 09 15 2023 City State Zip Code Transaction ID: SA11AI.34106 Rocklin CA 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1110,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Diaz, Matthew, M,, Date of Receipt Mailing Address 4910 Regal Court 2023 22 City State Zip Code Transaction ID : SA11AI.34258 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) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1140.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 29 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

96

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 Diaz, Matthew, M,, Date of Receipt Mailing Address 4910 Regal Court 2023 City Zip Code State Transaction ID: SA11AI.34411 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) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1170.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Duncan, Landon, M,, Date of Receipt Mailing Address 519 Southgate Ave Unit B 09 80 2023 City State Zip Code Transaction ID : SA11AI.34009 Nashville TN 37203 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 **Business Development Mgr** 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 Duncan, Landon, M, , Date of Receipt Mailing Address 519 Southgate Ave Unit B 2023 15 City Zip Code State Transaction ID : SA11AI.34161 TN Nashville 37203 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 **Business Development Mgr** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

96

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 Duncan, Landon, M, Date of Receipt Mailing Address 519 Southgate Ave Unit B 2023 City Zip Code State Transaction ID: SA11AI.34314 Nashville 37203 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 **Business Development Mgr** 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. Duncan, Landon, M,, Date of Receipt Mailing Address 519 Southgate Ave Unit B 09 29 2023 City State Zip Code Transaction ID: SA11AI.34466 Nashville TN 37203 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 **Business Development Mgr** 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 Foster, Claire, K, , Date of Receipt Mailing Address 2707 Columbia Avenue 01 2023 City State Zip Code Transaction ID : SA11AI.33760 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) Maxim Healthcare Services Inc Director- Field Support Payroll Deduction 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).....

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

ı	FOR LINE NUMBER:					PAGE	3	31	OF		96
l	(check only one)										
l	X	11a		11b		11c		12			
l		13		14		15		16			17

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 2023 08 City Zip Code State Transaction ID: SA11AI.33912 Wilmington NC 28403 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director-Field Support 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. Foster, Claire, K,, Date of Receipt Mailing Address 2707 Columbia Avenue 09 15 2023 City State Zip Code Transaction ID: SA11AI.34064 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- Field Support Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Foster, Claire, K, , Date of Receipt Mailing Address 2707 Columbia Avenue 2023 22 City State Zip Code Transaction ID: SA11AI.34216 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) Maxim Healthcare Services Inc Director- Field Support Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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 2023 City Zip Code State Transaction ID: SA11AI.34369 Wilmington NC 28403 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director- Field Support 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. Gering, Joseph, , , Date of Receipt Mailing Address 6010 S. Freya St 09 01 2023 City State Zip Code Transaction ID: SA11AI.33800 Spokane WA 99223 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 370.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gering, Joseph, , , Date of Receipt Mailing Address 6010 S. Freya St 2023 08 City Zip Code State Transaction ID : SA11AI.33952 WA Spokane 99223 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 380.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 33 OF Use separate schedule(s) for each category of the

TOTT LINE INDIVIDETL.					1 / (٠.			
(check only one)											
[X	11a		11b		11c		12			
		13		14		15		16			17

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 6010 S. Freya St 2023 15 City Zip Code State Transaction ID: SA11AI.34104 Spokane WA 99223 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 390.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gering, Joseph, , , Date of Receipt Mailing Address 6010 S. Freya St 09 22 2023 City State Zip Code Transaction ID: SA11AI.34256 Spokane WA 99223 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 400.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gering, Joseph, , , Date of Receipt Mailing Address 6010 S. Freya St 2023 29 City Zip Code Transaction ID : SA11AI.34409 State WA Spokane 99223 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 410.00 Other (specify) 30.00 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

FOR LINE NUMBER:					PAGE		34	OF		96
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goad, Garrett, Ryan, , Date of Receipt Mailing Address 7723 Corte Promenade 2023 01 City Zip Code State Transaction ID: SA11AI.33781 CA 92009 Carlshad 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 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goad, Garrett, Ryan, , Date of Receipt Mailing Address 7723 Corte Promenade 09 80 2023 City State Zip Code Transaction ID: SA11AI.33933 Carlsbad CA 92009 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 330.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c**. Goad, Garrett, Ryan, , Date of Receipt Mailing Address 7723 Corte Promenade 2023 15 City State Zip Code Transaction ID : SA11AI.34085 CA Carlsbad 92009 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 340.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c Detailed Summary Page

96 35 OF 12 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 Goad, Garrett, Ryan, , Date of Receipt Mailing Address 7723 Corte Promenade 2023 City Zip Code State Transaction ID: SA11AI.34237 92009 CA Carlsbad 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 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goad, Garrett, Ryan, , Date of Receipt Mailing Address 7723 Corte Promenade 09 29 2023 City State Zip Code Transaction ID: SA11AI.34390 Carlsbad CA 92009 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 360,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Harris, Stefanie, D, , Date of Receipt Mailing Address 15535 CR 424 01 2023 City Zip Code State Transaction ID : SA11AI.33791 TX Lindale 75771 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 240.00 Other (specify) 30.00 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

FC	R LINE	NUMBER	: PAGE	: 36 OF	96				
(check only one)									
>	X 11a	11b	11c	12					
	13	14	15	16	17				

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 Harris, Stefanie, D,, Date of Receipt Mailing Address 15535 CR 424 2023 08 City Zip Code State Transaction ID: SA11AI.33943 TX Lindale 75771 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 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Harris, Stefanie, D, Date of Receipt Mailing Address 15535 CR 424 09 15 2023 Zip Code City State Transaction ID: SA11AI.34095 Lindale TX 75771 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 Field Manager Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 260,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Harris, Stefanie, D., Date of Receipt Mailing Address 15535 CR 424 2023 22 City State Zip Code Transaction ID: SA11AI.34247 TX Lindale 75771 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 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

 96

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 Harris, Stefanie, D, , Date of Receipt Mailing Address 15535 CR 424 2023 City Zip Code State Transaction ID: SA11AI.34400 TX Lindale 75771 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 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hart, Brenda, M,, Date of Receipt Mailing Address 985 N. Broadway St. 09 01 2023 City State Zip Code Transaction ID: SA11AI.33832 Fresno CA 93728 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hart, Brenda, M, , Date of Receipt Mailing Address 985 N. Broadway St. 2023 08 City State Zip Code Transaction ID: SA11AI.33984 CA Fresno 93728 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 260.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) (check only betailed Summary Page

FOF	LINE	NU	MBER	:	PAGE	: 3	38 C)F	96		
(che	(check only one)										
X	11a		11b		11c		12				
	13		14		15		16		17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hart, Brenda, M,, Date of Receipt Mailing Address 985 N. Broadway St. 2023 15 City Zip Code State Transaction ID: SA11AI.34136 CA Fresno 93728 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hart, Brenda, M,, Date of Receipt Mailing Address 985 N. Broadway St. 09 22 2023 City State Zip Code Transaction ID: SA11AI.34289 Fresno CA 93728 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 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hart, Brenda, M, , Date of Receipt Mailing Address 985 N. Broadway St. 2023 29 City State Zip Code Transaction ID: SA11AI.34441 CA Fresno 93728 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 290.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

96

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 Howard, Lindsey, Wright, , Date of Receipt Mailing Address 143 Canvasback Road 2023 City Zip Code State Transaction ID: SA11AI.33886 NC Mooresville 28117 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Howard, Lindsey, Wright, , Date of Receipt Mailing Address 143 Canvasback Road 09 80 2023 City State Zip Code Transaction ID: SA11AI.34038 Mooresville NC 28117 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs 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 Howard, Lindsey, Wright, Date of Receipt Mailing Address 143 Canvasback Road 2023 15 City State Zip Code Transaction ID : SA11AI.34190 NC Mooresville 28117 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 State Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 30.00 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

FC	DR	LINE	NU	MBER	:	PAGE	- 4	40 OI	F	96	
(cl	(check only one)										
[:	X	11a		11b		11c		12			
		13		14		15		16		17	

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 Howard, Lindsey, Wright, , Date of Receipt Mailing Address 143 Canvasback Road 2023 City Zip Code State Transaction ID: SA11AI.34343 NC Mooresville 28117 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Howard, Lindsey, Wright, , Date of Receipt Mailing Address 143 Canvasback Road 09 29 2023 City State Zip Code Transaction ID: SA11AI.34494 Mooresville NC 28117 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs 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 Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 01 2023 City State Zip Code Transaction ID: SA11AI.33784 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 30.00 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

FOR LINE NOMI (check only one)

ı	FOR LINE	NUMBER	: PAGE	E 41 OF	96						
	(check only one)										
	X 11a	11b	11c	12							
	13	14	15	16	17						

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 2023 08 City Zip Code State Transaction ID: SA11AI.33936 92056 CA Oceanside 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 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 09 15 2023 City State Zip Code Transaction ID: SA11AI.34088 Oceanside CA 92056 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 2023 22 City State Zip Code Transaction ID : SA11AI.34240 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 30.00 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

FOR LINE NUMBER: PAGE 42 OF 96 (check only one)

X 11a 11b 11c 12

13 14 15 16 17

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 Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 2023 City Zip Code State Transaction ID: SA11AI.34393 92056 CA Oceanside 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 390.00 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. 09 01 2023 City State Zip Code Transaction ID: SA11AI.33765 Winnabow NC 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 CNO & SVP Clini OP and Quality Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lanier, Laura, K, , Date of Receipt Mailing Address 650 Heartwood Dr. 2023 08 City State Zip Code Transaction ID: SA11AI.33917 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) CNO & SVP Clini OP and Quality Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 43 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

96

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lanier, Laura, K, , Date of Receipt Mailing Address 650 Heartwood Dr. 2023 15 City Zip Code State Transaction ID: SA11AI.34069 Winnabow NC 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 CNO & SVP Clini OP and Quality Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1110.00 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. 09 22 2023 City State Zip Code Transaction ID: SA11AI.34221 Winnabow NC 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 CNO & SVP Clini OP and Quality Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1140,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lanier, Laura, K, , Date of Receipt Mailing Address 650 Heartwood Dr. 2023 29 City Zip Code State Transaction ID: SA11AI.34374 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) CNO & SVP Clini OP and Quality Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1170.00 Other (specify) 90.00 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 Detailed Summary Page

F	OR	LINE	NU	MBER	PAGE	- 4	14	OF		96	
(check only one)											
	×	11a		11b		11c		12			
		13		14		15		16			17

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 2023 01 City Zip Code State Transaction ID: SA11AI.33840 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) Maxim Healthcare Services Inc Regional Director-Business Dev Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave 09 80 2023 City State Zip Code Transaction ID: SA11AI.33992 Lake Tahoe CA 96150 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev 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 Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave 2023 15 City State Zip Code Transaction ID: SA11AI.34144 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) Maxim Healthcare Services Inc Regional Director-Business Dev Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 45 OF Use separate schedule(s for each category of the Detailed Summary Page

s)	(check only	one)			
	X 11a	11b	11c	12	
,	13	14	15	16	17

	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLIT	FICAL ACTION COMMI	TTEE (MAXIM HEALTHCARE PAC)
Α.	Full Name of Individual (Last, First, Middle Initi Martin-Greene, Drake, , , Mailing Address 3035 Berkeley Ave			Date of Receipt 09 / 22 / 2023
	City Lake Tahoe	State CA	Zip Code 96150	Transaction ID : SA11AI.34297 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) al Director-Business Dev	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea		_ Payroll Deduction
B	Full Name of Individual (Last, First, Middle Initi-Martin-Greene, Drake, , ,	al) or Full Orga	nization Name	Date of Receipt
٥.	Mailing Address 3035 Berkeley Ave			09 29 2023
	City Lake Tahoe	State CA	Zip Code 96150	Transaction ID : SA11AI.34449
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual) Maxim Healthcare Services Inc		ation (for Individual) nal Director-Business Dev	Memo Item Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 390.00	
С .	Full Name of Individual (Last, First, Middle Initi-Martincek, Kevin, $D,$,	al) or Full Orga	nization Name	Date of Receipt
	Mailing Address 402 Blaze Dr	1-	I and a second	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Glenshaw	State PA	Zip Code 15116	Transaction ID : SA11AI.33750 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc		ation (for Individual) ce President	Memo Item Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 350.00	
S	SUBTOTAL of Receipts This Page (optional)		·····	30.00

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

EOD LINE NUMBER: DAGE 46 OF Use separate schedule(s) for each category of the

	OH	LIIVL	IVO	IVIDEI		IAGL	-	10	Oi		-
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

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 Martincek, Kevin, D, Date of Receipt Mailing Address 402 Blaze Dr 2023 08 City Zip Code State Transaction ID: SA11AI.33902 PΑ 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 Area Vice President 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. Martincek, Kevin, D,, Date of Receipt Mailing Address 402 Blaze Dr 09 15 2023 City State Zip Code Transaction ID: SA11AI.34054 Glenshaw PA 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 Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martincek, Kevin, D, Date of Receipt Mailing Address 402 Blaze Dr 2023 22 City State Zip Code Transaction ID: SA11AI.34206 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) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

96 FOR LINE NUMBER: PAGE 47 Use separate schedule(s) (check only one) 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 Martincek, Kevin, D, Date of Receipt Mailing Address 402 Blaze Dr 2023 City Zip Code State Transaction ID: SA11AI.34359 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) 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. Massello, Edmund, G,, Date of Receipt Mailing Address 139 Thomas St NW 09 01 2023 City State Zip Code Transaction ID: SA11AI.33764 Washington DC 20001 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 350.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Massello, Edmund, G,, Date of Receipt Mailing Address 139 Thomas St NW 2023 08 City Zip Code State Transaction ID: SA11AI.33916 DC Washington 20001 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 360.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

federal political committee.

Other (specify)

Receipt For:

Primary

Name of Employer (for Individual)

General

Maxim Healthcare Services Inc

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER, DACE 49 OF Use separate schedule(s) for each category of the Detailed Summary Page

LOU TIME	INDIVIDED	. FAGL	- 4 0 Oi	50						
(check only one)										
X 11a	11b	11c	12							
13	14	15	16	17						

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Massello, Edmund, G,, Date of Receipt Mailing Address 139 Thomas St NW 2023 15 City Zip Code State Transaction ID: SA11AI.34068 Washington DC 20001 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Massello, Edmund, G, Date of Receipt Mailing Address 139 Thomas St NW 09 22 2023 City State Zip Code Transaction ID: SA11AI.34220 Washington DC 20001 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 Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Massello, Edmund, G, , Date of Receipt Mailing Address 139 Thomas St NW 2023 29 City Zip Code State Transaction ID : SA11AI.34373 DC Washington 20001 Amount of Each Receipt this Period FEC ID number of contributing

Other (specify)	7 7										
SUBTOTAL of Receipts This Page (optional)						I	I		Ξ	30.00	
TOTAL This Period (last page this line number	only)		_	_	-	_	_	-	_	1 40	

390.00

Occupation (for Individual)

Area Vice President

Aggregate Year-to-Date ▼

C

10.00

Memo Item

Payroll Deduction

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

FOR LINE NUMBER: PAGE 49 OF (check only one)

X 11a 11b 11c 12

13 14 15 16

96

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 Melone, Lisa, M,, Date of Receipt Mailing Address 6643 Applewood Blvd 2023 City Zip Code State Transaction ID: SA11AI.33860 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) Maxim Healthcare Services Inc Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 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 09 80 2023 City State Zip Code Transaction ID: SA11AI.34012 Boardman OH 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 Area VP Clinical Operations 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 Melone, Lisa, M, , Date of Receipt Mailing Address 6643 Applewood Blvd 2023 15 Zip Code City State Transaction ID: SA11AI.34164 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) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 50 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

96

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 Melone, Lisa, M,, Date of Receipt Mailing Address 6643 Applewood Blvd 2023 City Zip Code State Transaction ID: SA11AI.34317 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) Maxim Healthcare Services Inc Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 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 09 29 2023 City State Zip Code Transaction ID: SA11AI.34469 Boardman OH 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 Area VP Clinical Operations 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 Middleton, Deeley, C, , Date of Receipt Mailing Address 213 St Dunstans Road 01 2023 City Zip Code State Transaction ID : SA11AI.33752 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) SVP - Chief Compliance Officer Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1009.40 Other (specify) 48.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: PAGE 51 OF Use separate schedu for each category of

ıle(s)		(check only one)											
the age	×	11a		11b		11c		12					
5		13		14		15		16		17			

Detailed Summary P Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Middleton, Deeley, C, , Date of Receipt Mailing Address 213 St Dunstans Road 2023 City Zip Code State Transaction ID: SA11AI.33904 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 SVP - Chief Compliance Officer Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.24 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 09 15 2023 City State Zip Code Transaction ID: SA11AI.34056 **Baltimore** MD 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 SVP - Chief Compliance Officer Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1067.08 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Middleton, Deeley, C, , Date of Receipt Mailing Address 213 St Dunstans Road 2023 22 City Zip Code State Transaction ID : SA11AI.34208 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) SVP - Chief Compliance Officer Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1095.92 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

FOF	LINE	NU	MBER	:	PAGE		52 OF	=	96		
(che	(check only one)										
X	11a		11b		11c		12				
	13		14		15		16		17		

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 Middleton, Deeley, C, , Date of Receipt Mailing Address 213 St Dunstans Road 2023 29 City Zip Code State Transaction ID: SA11AI.34361 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 SVP - Chief Compliance Officer Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1124.76 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. 09 01 2023 City State Zip Code Transaction ID: SA11AI.33790 Franklin TN 37067 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 350.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 2023 08 City State Zip Code Transaction ID: SA11AI.33942 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 48.84 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

FOR	LINE	PAGE		53	OF		96				
(che	(check only one)										
X	11a		11b		11c		12				
	13		14		15		16			17	

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 2023 15 City Zip Code State Transaction ID: SA11AI.34094 Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 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. 09 22 2023 City State Zip Code Transaction ID: SA11AI.34246 Franklin TN 37067 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 Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 2023 29 City State Zip Code Transaction ID : SA11AI.34399 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

ı	FOR LINE	NUMBER:	PAGE	54 OF	96
ı	(check only	one)			
	X 11a	11b	11c	12	
ı	13	14	15	16	17

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 Olatilo, Adetoyi, A, , Date of Receipt Mailing Address 6700 Algonquin Trail 2023 08 City Zip Code State Transaction ID: SA11AI.33898 PΑ Allentown 18104 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations 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.** Olatilo, Adetoyi, A, Date of Receipt Mailing Address 6700 Algonquin Trail 09 15 2023 City State Zip Code Transaction ID: SA11AI.34050 Allentown PA 18104 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 220.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Olatilo, Adetoyi, A, , Date of Receipt Mailing Address 6700 Algonquin Trail 2023 22 City State Zip Code Transaction ID : SA11AI.34202 PΑ Allentown 18104 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 230.00 Other (specify) 30.00 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

FOF	LINE	NU	MBER	:	PAGE		55	OF		96
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16			17

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 Olatilo, Adetoyi, A, , Date of Receipt Mailing Address 6700 Algonquin Trail 2023 29 City Zip Code State Transaction ID: SA11AI.34355 PΑ Allentown 18104 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations 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. Peaslee, Robert, B, Date of Receipt Mailing Address 210 Bentwood Ct 09 01 2023 City State Zip Code Transaction ID: SA11AI.33763 Salem VA 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) Regional Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 332.50 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Peaslee, Robert, B, , Date of Receipt Mailing Address 210 Bentwood Ct 80 2023 City State Zip Code Transaction ID : SA11AI.33915 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 342.00 Other (specify) 29.00 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

FOR LINE NUMBER: PAGE 56 OF (check only one)

X 11a 11b 11c 12

13 14 15 16

96

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Peaslee, Robert, B, Date of Receipt Mailing Address 210 Bentwood Ct 2023 15 City Zip Code State Transaction ID: SA11AI.34067 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 351.50 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 09 22 2023 City State Zip Code Transaction ID: SA11AI.34219 Salem VA 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 Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 361.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Peaslee, Robert, B, , Date of Receipt Mailing Address 210 Bentwood Ct 2023 29 City Zip Code State Transaction ID : SA11AI.34372 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 370.50 Other (specify) 28.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 57 OF Use separate schedule(s) for each category of the

(0	(check only one)											
	×	11a		11b		11c		12				
		13		14		15		16		17		

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 Perez-Lopez, Catherine, Elizabeth, Date of Receipt Mailing Address 17223 8th Ave NE 2023 01 City Zip Code State Transaction ID: SA11AI.33890 WA Shoreline 98155 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 State Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Perez-Lopez, Catherine, Elizabeth, Date of Receipt Mailing Address 17223 8th Ave NE 09 80 2023 City State Zip Code Transaction ID: SA11AI.34042 Shoreline WA 98155 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 270,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Perez-Lopez, Catherine, Elizabeth, , Date of Receipt Mailing Address 17223 8th Ave NE 2023 15 City Zip Code State Transaction ID : SA11AI.34194 WA Shoreline 98155 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 State Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 30.00 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 (chec

ı	FOR LINE	NUMBER:	PAGE	58 OF	96
ı	(check only	one)			
	X 11a	11b	11c	12	
ı	13	14	15	16	17

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 Perez-Lopez, Catherine, Elizabeth, Date of Receipt Mailing Address 17223 8th Ave NE 2023 City Zip Code State Transaction ID: SA11AI.34347 WA Shoreline 98155 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 State Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 290.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Perez-Lopez, Catherine, Elizabeth, Date of Receipt Mailing Address 17223 8th Ave NE 09 29 2023 City State Zip Code Transaction ID: SA11AI.34498 Shoreline WA 98155 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Phipps, Laurie, M, , Date of Receipt Mailing Address 1110 Cloverfield 01 2023 City State Zip Code Transaction ID : SA11AI.33785 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 525.00 Other (specify) 35.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

96

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 2023 City Zip Code State Transaction ID: SA11AI.33937 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) Maxim Healthcare Services Inc Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Phipps, Laurie, M, Date of Receipt Mailing Address 1110 Cloverfield 09 15 2023 City State Zip Code Transaction ID: SA11AI.34089 Leland NC 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 Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 555.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Phipps, Laurie, M, , Date of Receipt Mailing Address 1110 Cloverfield 2023 22 City Zip Code State Transaction ID: SA11AI.34241 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 570.00 Other (specify) 45.00 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

F	OR	LINE	NU	MBER	:	PAGE	: (50	OF	96
(0	he	ck only	or	ne)						
	X 11a 11b							12		
		13		14		15		16	;	17

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 2023 City Zip Code State Transaction ID: SA11AI.34394 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) Maxim Healthcare Services Inc Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 585.00 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 09 01 2023 City State Zip Code Transaction ID: SA11AI.33807 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 Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 700,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Plaine, Marsha, C, , Date of Receipt Mailing Address 3503 Nelson Meadow Ln 2023 08 City State Zip Code Transaction ID : SA11AI.33959 NC Greensboro 27406 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 55.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	- (31	OF	96
(check only one)										
	×	11a		11b		11c		12		
		13		14		15		16		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Plaine, Marsha, C, , Date of Receipt Mailing Address 3503 Nelson Meadow Ln 2023 15 City Zip Code State Transaction ID: SA11AI.34111 NC 27406 Greensboro 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 Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 740.00 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 09 22 2023 City State Zip Code Transaction ID: SA11AI.34264 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 Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Plaine, Marsha, C, , Date of Receipt Mailing Address 3503 Nelson Meadow Ln 2023 29 City State Zip Code Transaction ID: SA11AI.34416 NC Greensboro 27406 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) 60.00 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

FC	DR	LINE	NU	MBER	:	PAGE	. (32 OF	96
(cl	hed	ck only	or	ıe)					
[:	X	11a		11b		11c		12	
		13		14		15		16	17

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 8105 Grand Harbour CT 2023 City Zip Code State Transaction ID: SA11AI.33758 Wilmington NC 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) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 980.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Raney, Michael, , , Date of Receipt Mailing Address 8105 Grand Harbour CT 09 80 2023 City State Zip Code Transaction ID: SA11AI.33910 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 1008,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Raney, Michael, , , Date of Receipt Mailing Address 8105 Grand Harbour CT 2023 15 City State Zip Code Transaction ID : SA11AI.34062 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 Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1036.00 Other (specify) 84.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

F	OR	LINE	:	PAGE	. (53	OF	96		
(0	he	ck only	or	ıe)						
	×	11a		11c		12				
		13		14		15		16		17

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 8105 Grand Harbour CT 2023 City Zip Code State Transaction ID: SA11AI.34214 Wilmington NC 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) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1064.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Raney, Michael, , , Date of Receipt Mailing Address 8105 Grand Harbour CT 09 29 2023 City State Zip Code Transaction ID: SA11AI.34367 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 1092.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rawlings, Thomas, L, , Date of Receipt Mailing Address 1835 Midsummer Lane 01 2023 City State Zip Code Transaction ID: SA11AI.33757 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 350.00 Other (specify) 66.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOF	LINE	NU	MBER	:	PAGE	- 6	54	OF	96
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

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, L, , Date of Receipt Mailing Address 1835 Midsummer Lane 2023 08 City Zip Code State Transaction ID: SA11AI.33909 21084 MD Jarrettsville 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 Senior Director of Compliance 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.** Rawlings, Thomas, L, , Date of Receipt Mailing Address 1835 Midsummer Lane 09 15 2023 City State Zip Code Transaction ID: SA11AI.34061 Jarrettsville MD 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 Senior Director of Compliance Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rawlings, Thomas, L, , Date of Receipt Mailing Address 1835 Midsummer Lane 2023 22 City State Zip Code Transaction ID : SA11AI.34213 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 380.00 Other (specify) 30.00 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

FOF	R LINE	:	PAGE	. (35	OF		96		
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rawlings, Thomas, L, , Date of Receipt Mailing Address 1835 Midsummer Lane 2023 City Zip Code State Transaction ID: SA11AI.34366 21084 MD Jarrettsville 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 390.00 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. 09 01 2023 City State Zip Code Transaction ID: SA11AI.33740 **Epping** NH 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) Area Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Riddle, Laura, J, , Date of Receipt Mailing Address 39 Blake Rd. 2023 08 City State Zip Code Transaction ID : SA11AI.33892 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 900.00 Other (specify) 60.00 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

ı	FOR LINE	NUMBER:	PAGE 66	OF 96
ı	(check only	one)		
	X 11a	11b	11c 12	
ı	13	14	15 16	17

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. 2023 15 City Zip Code State Transaction ID: SA11AI.34044 NH 03042 **Epping** 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 925.00 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. 09 22 2023 City State Zip Code Transaction ID: SA11AI.34196 **Epping** NH 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) Area Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Riddle, Laura, J, , Date of Receipt Mailing Address 39 Blake Rd. 2023 29 City State Zip Code Transaction ID: SA11AI.34349 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 975.00 Other (specify) 75.00 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

| Check only | X | 11a |

F	FOR LINE NUMBER:						. (37	OF	96
(C	he	ck only	or	ne)						
	×	11a		11c		12				
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rider, Steven, M,, Date of Receipt Mailing Address 532 Sandpiper Circle 2023 01 City Zip Code State Transaction ID: SA11AI.33743 Nashville 37221 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 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rider, Steven, M, Date of Receipt Mailing Address 532 Sandpiper Circle 09 80 2023 City State Zip Code Transaction ID: SA11AI.33895 Nashville TN 37221 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 360,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rider, Steven, M, , Date of Receipt Mailing Address 532 Sandpiper Circle 2023 15 City State Zip Code Transaction ID: SA11AI.34047 TN Nashville 37221 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 30.00 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

FOR LINE NUMBE (check only one)

FOR	LINE	NU	MRFK	:	PAGE 68 OF					96
(che	ck only	or	ne)							
X	11a		11b		11c		12			
	13		14		15		16			17

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, M,, Date of Receipt Mailing Address 532 Sandpiper Circle 2023 City Zip Code State Transaction ID: SA11AI.34199 Nashville 37221 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 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rider, Steven, M, Date of Receipt Mailing Address 532 Sandpiper Circle 09 29 2023 City State Zip Code Transaction ID: SA11AI.34352 Nashville TN 37221 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 Rogers, Kristina, R, , Date of Receipt Mailing Address 9209 Halsey Drive 2023 15 City State Zip Code Transaction ID: SA11AI.34169 FL Groveland 34736 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 205.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the

FOR	LINE NUMBER:				PAGE	: (9	OF	90
(che	ck only	or	ne)						
×	11a		11b		11c		12		
	13		14		15		16		17

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 Rogers, Kristina, R,, Date of Receipt Mailing Address 9209 Halsey Drive 2023 City Zip Code State Transaction ID: SA11AI.34322 FL Groveland 34736 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations 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. Rogers, Kristina, R,, Date of Receipt Mailing Address 9209 Halsey Drive 09 29 2023 City State Zip Code Transaction ID: SA11AI.34474 FL Groveland 34736 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 01 2023 City State Zip Code Transaction ID : SA11AI.33793 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 350.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 70 OF (check only one)

X 11a 11b 11c 12

13 14 15 16

96

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. 2023 City Zip Code State Transaction ID: SA11AI.33945 O'Fallon MO 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 VP Clinical Operations 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. Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 09 15 2023 City State Zip Code Transaction ID: SA11AI.34097 O'Fallon MO 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 Area VP Clinical Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 2023 22 City State Zip Code Transaction ID: SA11AI.34249 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 380.00 Other (specify) 30.00 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

FOR LIN	IE NUMBER	: PAGE	71 OF	96
(check c	only one)			
X 11a	11b	11c	12	
13	14	15	16	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 2023 29 City Zip Code State Transaction ID: SA11AI.34402 O'Fallon MO 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 VP Clinical Operations 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. Simmonds, Kristen, N, Date of Receipt Mailing Address 10 North Railway 09 80 2023 City State Zip Code Transaction ID: SA11AI.33989 New Baden IL 62265 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 Field Manager 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 Simmonds, Kristen, N,, Date of Receipt Mailing Address 10 North Railway 2023 15 City State Zip Code Transaction ID : SA11AI.34141 ILNew Baden 62265 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 Field Manager Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 72 OF Use separate schedule(s) (check only one) X 11a 11b 11c

96

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 Simmonds, Kristen, N,, Date of Receipt Mailing Address 10 North Railway 2023 City Zip Code State Transaction ID: SA11AI.34294 IL New Baden 62265 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 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Simmonds, Kristen, N, Date of Receipt Mailing Address 10 North Railway 09 29 2023 City State Zip Code Transaction ID: SA11AI.34446 New Baden IL 62265 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 Field 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 Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 01 2023 City State Zip Code Transaction ID: SA11AI.33756 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 73 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

96

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 Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2023 City Zip Code State Transaction ID: SA11AI.33908 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 09 15 2023 City State Zip Code Transaction ID: SA11AI.34060 Perry Hall MD 21128 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1110,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2023 22 City State Zip Code Transaction ID : SA11AI.34212 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1140.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 74 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

96

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 Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2023 City Zip Code State Transaction ID: SA11AI.34365 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1170.00 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 09 01 2023 City State Zip Code Transaction ID: SA11AI.33768 FL Miami 33133 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stewart, Philip, , , Date of Receipt Mailing Address 2194 SW 25th Terrace 2023 08 City State Zip Code Transaction ID : SA11AI.33920 FL Miami 33133 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 50.00 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

FOR LINE NUMBER: (check only one)

X 11a 11b

F	OH	LINE	NU	MBER	:	PAGE	- 4	15	OF	90
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	;	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stewart, Philip, , , Date of Receipt Mailing Address 2194 SW 25th Terrace 2023 15 City State Zip Code Transaction ID: SA11AI.34072 FL Miami 33133 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Stewart, Philip, Date of Receipt Mailing Address 2194 SW 25th Terrace 09 22 2023 City State Zip Code Transaction ID: SA11AI.34224 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 380.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stewart, Philip, , , Date of Receipt Mailing Address 2194 SW 25th Terrace 2023 29 City State Zip Code Transaction ID: SA11AI.34377 FL Miami 33133 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

96

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 Stickles, Jeremy, D, , Date of Receipt Mailing Address 8169 Lyman Ct 2023 City Zip Code State Transaction ID: SA11AI.33762 Mechanicsville VA 23116 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 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stickles, Jeremy, D, , Date of Receipt Mailing Address 8169 Lyman Ct 09 80 2023 City State Zip Code Transaction ID: SA11AI.33914 Mechanicsville VA 23116 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 Field Manager 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 Stickles, Jeremy, D, , Date of Receipt Mailing Address 8169 Lyman Ct 2023 15 Zip Code State Transaction ID: SA11AI.34066 VA Mechanicsville 23116 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 370.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

96 FOR LINE NUMBER: PAGE 77 OF Use separate schedule(s) (check only one) 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 Stickles, Jeremy, D, , Date of Receipt Mailing Address 8169 Lyman Ct 2023 City Zip Code State Transaction ID: SA11AI.34218 Mechanicsville VA 23116 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 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stickles, Jeremy, D, , Date of Receipt Mailing Address 8169 Lyman Ct 09 29 2023 City State Zip Code Transaction ID: SA11AI.34371 Mechanicsville VA 23116 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 Field Manager 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 Stover, Regina, , , Date of Receipt Mailing Address 3400 Hemphill Road 01 2023 Zip Code City State Transaction ID : SA11AI.33779 OH Norton 44203 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction 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).....

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

FOR LINE NUMBER:					PAGE	 8	OF	96	
(check only one)									
	×	11a		11b		11c	12		
		13		14		15	16	;	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stover, Regina, , , Date of Receipt Mailing Address 3400 Hemphill Road 2023 08 City Zip Code State Transaction ID: SA11AI.33931 OH Norton 44203 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations 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. Stover, Regina, , , Date of Receipt Mailing Address 3400 Hemphill Road 09 15 2023 City State Zip Code Transaction ID: SA11AI.34083 Norton OH 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) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stover, Regina, , , Date of Receipt Mailing Address 3400 Hemphill Road 2023 22 Zip Code City State Transaction ID : SA11AI.34235 OH Norton 44203 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 79 OF Use separate schedule(s) (check only one) X 11a 11b 11c

96

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 Stover, Regina, , , Date of Receipt Mailing Address 3400 Hemphill Road 2023 City Zip Code State Transaction ID: SA11AI.34388 OH Norton 44203 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations 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. Taggart, Robert, D,, Date of Receipt Mailing Address 485 Snowmass Ct 09 01 2023 City State Zip Code Transaction ID: SA11AI.33828 Reno NV 89511 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 Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Taggart, Robert, D, , Date of Receipt Mailing Address 485 Snowmass Ct 2023 08 City Zip Code State Transaction ID: SA11AI.33980 NV Reno 89511 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 260.00 Other (specify) 30.00 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

F	FOR LINE NUMBER:						 30	OF	96
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16		17

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 Taggart, Robert, D, , Date of Receipt Mailing Address 485 Snowmass Ct 2023 15 City Zip Code State Transaction ID: SA11AI.34132 NV Reno 89511 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 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Taggart, Robert, D,, Date of Receipt Mailing Address 485 Snowmass Ct 09 22 2023 City State Zip Code Transaction ID: SA11AI.34285 Reno NV 89511 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 Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Taggart, Robert, D, , Date of Receipt Mailing Address 485 Snowmass Ct 2023 29 City State Zip Code Transaction ID : SA11AI.34437 NV Reno 89511 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 290.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 81 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c

96

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 Vander Veer, Sean, , , Date of Receipt Mailing Address 1573 Sweet Clover Park 2023 City Zip Code State Transaction ID: SA11AI.33870 KY 40509 Lexington 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 **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vander Veer, Sean, , , Date of Receipt Mailing Address 1573 Sweet Clover Park 09 80 2023 City State Zip Code Transaction ID: SA11AI.34022 Lexington KY 40509 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 **Operations Manager** 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 Vander Veer, Sean, , , Date of Receipt Mailing Address 1573 Sweet Clover Park 2023 15 City State Zip Code Transaction ID : SA11AI.34174 KY Lexington 40509 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 **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 30.00 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

FOR LINE NUMBER:						PAGE	32	OF	96
(C	he	ck only							
	X	11a		11b		11c	12		
		13		14		15	16		17

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 Vander Veer, Sean, , , Date of Receipt Mailing Address 1573 Sweet Clover Park 2023 City Zip Code State Transaction ID: SA11AI.34327 KY 40509 Lexington 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 **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vander Veer, Sean, , , Date of Receipt Mailing Address 1573 Sweet Clover Park 09 29 2023 City State Zip Code Transaction ID: SA11AI.34479 Lexington KY 40509 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 **Operations Manager** 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 Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 01 2023 City State Zip Code Transaction ID : SA11AI.33745 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Payroll Deduction 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).....

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

FOR L	PAGE	: 8	33	OF		96			
(check only one)									
X 11	la 📗	11b		11c		12			
13	3	14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 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 2023 08 City Zip Code State Transaction ID: SA11AI.33897 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance 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. Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 09 15 2023 City State Zip Code Transaction ID: SA11AI.34049 Catonsville MD 21228 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 2023 22 City State Zip Code Transaction ID : SA11AI.34201 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 30.00 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

FOR	PAGE		34	OF		96				
(che	(check only one)									
X	11a		11b		11c		12			
	13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 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 2023 City Zip Code State Transaction ID: SA11AI.34354 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance 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. Whitehead, Erin, , , Date of Receipt Mailing Address 2159 North Fayetteville St. 09 01 2023 Unit 13A City State Zip Code Transaction ID: SA11AI.33855 Asheboro NC 27203 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 II Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Whitehead, Erin, , , Date of Receipt Mailing Address 2159 North Fayetteville St. 80 2023 Unit 13A City State Zip Code Transaction ID : SA11AI.34007 NC Asheboro 27203 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 II Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 252.00 Other (specify) 24.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 85 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

96

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 2159 North Fayetteville St. 2023 15 Unit 13A City Zip Code State Transaction ID: SA11AI.34159 NC Asheboro 27203 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 II Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 259.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Whitehead, Erin, , , Date of Receipt Mailing Address 2159 North Fayetteville St. 09 22 2023 Unit 13A City State Zip Code Transaction ID: SA11AI.34312 Asheboro NC 27203 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 II Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 266,00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Whitehead, Erin, , , Date of Receipt Mailing Address 2159 North Fayetteville St. 2023 29 Unit 13A City State Zip Code Transaction ID : SA11AI.34464 NC Asheboro 27203 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 II Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 273.00 Other (specify) 21.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 86 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

96

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 2023 City Zip Code State Transaction ID: SA11AI.33770 VA Virginia Beach 23464 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 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 09 80 2023 City State Zip Code Transaction ID: SA11AI.33922 Virginia Beach VA 23464 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops 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 Whiting, Evan, D, , Date of Receipt Mailing Address 1469 Bridle Creek Blvd 2023 15 State Zip Code Transaction ID : SA11AI.34074 VA Virginia Beach 23464 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 30.00 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

FOR LINE NUMBER: PAGE 87 OF (check only one)

X 11a 11b 11c 12

13 14 15 16

96

Detailed Summary Page 13 14 15 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 2023 City Zip Code State Transaction ID: SA11AI.34226 VA Virginia Beach 23464 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 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 09 29 2023 City State Zip Code Transaction ID: SA11AI.34379 Virginia Beach VA 23464 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops 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 Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... 3176.70 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Llea concrete achadula(a)		NUMBER: PAGE 88 OF 96			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Staten						
or for commercial purposes, other than using the name	ie and address of any politic	cai committee to	Solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
/ MAXIM HEALTHCARE SERVICES IN	IC POLITICAL ACTIO	ON COMMIT	TEE (MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial)			Data of Dishamanant			
ALL FOR OUR COUNTRY LEADER	SHIP PAC		Date of Disbursement			
Mailing Address 600 PENNSYLVANIA AVE SE #15180			09 21 2023			
City WASHINGTON	State Zip Code 20003		FEC Identification Number			
Purpose of Disbursement	20003		C 000000040			
Political Contribution		011	C C00629212			
Candidate Name			Transaction ID : SB23.34568			
Candidate Name		Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburser	nent For:	Type	1500.00			
Senate	Primary General					
President State: District:	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)			Data of Dishuraament			
ANNA ESHOO FOR CONGRESS			Date of Disbursement			
Mailing Address 555 CAPITOL MALL, SUITE 400			09 21 2023			
0::	D					
City SACRAMENTO	State Zip Code CA 95814		FEC Identification Number			
Purpose of Disbursement	33014		0 000050475			
Political Contribution		011	C C00258475			
Candidate Name			Transaction ID : SB23.34541			
ESHOO, ANNA, G		Category/	Amount of Each Disbursement this Period			
	nent For: 2024	Туре	1500.00			
	Primary General		100.00			
President	Other (specify)					
State: CA District: 16	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)			Date of Dishursoment			
BILL CASSIDY FOR US SENATE			Date of Disbursement			
Mailing Address PO BOX 80505			09 21 2023			
City	State Zip Code		CCC Identification Number			
BATON ROUGE	LA 70898-0505		FEC Identification Number			
Purpose of Disbursement			C C00543983			
Political Contribution		011	Transaction ID : SB23.34535			
Candidate Name		Category/	Amount of Each Disbursement this Period			
CASSIDY, WILLIAM, M., ,		Type				
Office Sought: House Disburser	nent For: 2026		1500.00			
Senate	Primary General		, - -			
President	Other (specify) ▼		Memo Item			
State: LA District: 00						
CURTOTAL of Dishumanana This David (and			4500.00			
SUBTOTAL of Disbursements This Page (optional)		·····	100.00			
TOTAL This Period (last page this line number only)						
	• • • • • • • • • • • • • • • • • • • •					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	(s) FOR LINE NUMBER: PAGE 89 OF (check only one)				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	7 one) 22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or us	sed by any personal committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)	o and address of any point		Colloit Containations from Sacri Committee.			
MAXIM HEALTHCARE SERVICES IN	C POLITICAL ACTIO	ON COMMIT	TEE (MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial)						
A. BOB CASEY FOR SENATE INC			Date of Disbursement			
Mailing Address PO BOX 58746			09 21 2023			
,	State Zip Code PA 19102		FEC Identification Number			
Purpose of Disbursement	10.02		C C00431056			
Political Contribution		011				
Candidate Name		Category/	Transaction ID : SB23.34567 Amount of Each Disbursement this Period			
CASEY, ROBERT, P., , Jr.		Type	Amount of Each Disbursement this Feriod			
	nent For: 2024 Primary General		2500.00			
President State: PA District: 00	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)						
BUCSHON FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 250			09 21 2023			
,	State Zip Code		FEC Identification Number			
NEWBURGH	IN 47629-0250					
Purpose of Disbursement		011	C C00468256			
Political Contribution Candidate Name		011	Transaction ID : SB23.34548			
		Category/	Amount of Each Disbursement this Period			
BUCSHON, LARRY, D., , Office Sought: House Disbursem	nent For: 2024	Type	1000.00			
			1000.00			
	Primary General Other (specify)					
State: IN District: 08	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)			Data of Dishara area			
$^{ extsf{C}.}$ CMR POLITICAL ACTION COMMI	TTEE		Date of Disbursement			
Mailing Address PO BOX 2485			09 21 2023			
City	State Zip Code		FEC Identification Number			
0. 110. 1225	VA 22152		LO Identification Number			
Purpose of Disbursement	'		C C00469429			
Political Contribution		011	Transaction ID : SB23.34546			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disbursem	nent For:		2000.00			
Senate	Primary General		7 7 7			
President	Other (specify) ▼		Memo Item			
State: District:			Mono Rom			
SUBTOTAL of Disbursements This Page (optional)		>	5500.00			
TOTAL This Period (last page this line number only).						

SCHEDULE B (FEC Form 3X)	Hea concrete schedule/=\	FOR LINE	NUMBER: PAGE 90 OF 96		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
· · ·	e and address of any politica	ar committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
/ MAXIM HEALTHCARE SERVICES IN	C POLITICAL ACTIO	N COMMIT	TEE (MAXIM HEALTHCARE PAC)		
Full Name (Last, First, Middle Initial) A. DERRIE DINCELL FOR CONCRESS			Date of Dishursement		
T. DEBBIE DINGELL FOR CONGRESS			Date of Disbursement M		
Mailing Address PO BOX 972480					
,	tate Zip Code				
	MI 48197				
Purpose of Disbursement		011	C C00558213		
Political Contribution		011	Transaction ID: SB23.34545		
Candidate Name		Category/	Amount of Each Disbursement this Period		
DINGELL, DEBBIE, , ,		Type	1000.00		
	ent For: 2024		1000.00		
	Primary General		_		
State: MI District: 06	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)					
•			Date of Disbursement		
GUTHRIE FOR CONGRESS			M M / D D / Y Y Y Y		
Mailing Address PO BOX 22401			09 21 2023		
City	tate Zip Code		EEC Identification Number		
LOUISVILLE	KY 42102-9639		FEC Identification Number		
Purpose of Disbursement			C C00445023		
Political Contribution		011	Transaction ID : SB23.34527		
Candidate Name		Category/	Amount of Each Disbursement this Period		
GUTHRIE, S., BRETT, Hon.,		Type			
Office Sought: House Disbursem	ent For: 2024		1500.00		
	Primary General				
	Other (specify)		Memo Item		
State: KY District: 02 Full Name (Last, First, Middle Initial)			_		
C. LATTA FOR CONGRESS			Date of Disbursement		
Mailing Address PO BOX 106			09 21 2023		
City	tate Zip Code		FFC Identification Number		
	OH 43402-0106		FEC Identification Number		
Purpose of Disbursement			C C00438697		
Political Contribution		011	Transaction ID : SB23.34554		
Candidate Name		Category/	Amount of Each Disbursement this Period		
LATTA, ROBERT, EDWARD, ,		Type			
Office Sought: House Disbursem	ent For: 2024		1000.00		
Senate X	Primary General		, , , , , , , , , , , , , , , , , , , ,		
President	Other (specify) ▼		Memo Item		
State: OH District: 05					
SUBTOTAL of Disbursements This Page (optional)			3500.00		
			7 7 7		
TOTAL This Period (last page this line number only).			1		

SCHEDULE B (FEC Form 3X)	Use separate schedule(FOR LINE			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	Check only	7 one) 22 X 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or the and address of any poli	used by any perse	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	o and address of any pon	modi committee to	constructions non such committee.		
` '			TEE (MANVINALIEN) TUONDE DAN		
MAXIM HEALTHCARE SERVICES IN	C POLITICAL ACTI		TEE (MAXIM HEALTHCARE PAC		
Full Name (Last, First, Middle Initial)			Date of Dichurament		
^{A.} LISA MURKOWSKI FOR US SENATI	E		Date of Disbursement		
Mailing Address PO BOX 100847			09 21 2023		
,	state Zip Code		FEC Identification Number		
7.11.01.101.11.10	AK 99510		. 25 Idonamoda Manibol		
Purpose of Disbursement		211	C C00384529		
Political Contribution		011	Transaction ID : SB23.34558		
Candidate Name		Category/	Amount of Each Disbursement this Period		
MURKOWSKI, LISA, , ,		Type			
	nent For: 2028	'	2000.00		
	Primary General		, , , , , , , , , , , , , , , , , , , ,		
	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial) B. CALLOCED FOR CONODERS			Date of Disbursement		
B. SMUCKER FOR CONGRESS			M M / D D / Y Y Y Y		
Mailing Address 824 S MILLEDGE AVE STE 101			09 21 2023		
,	State Zip Code		FEC Identification Number		
711112110	GA 30605		. 20 Idditional Humbol		
Purpose of Disbursement		0.11	C C00599464		
Political Contribution		011	Transaction ID : SB23.34562		
Candidate Name		Category/	Amount of Each Disbursement this Period		
SMUCKER, LLOYD, K., ,		Type			
Office Sought: House Disbursem	nent For: 2024		1000.00		
	Primary General				
	Other (specify)		Memo Item		
State: PA District: 11 Full Name (Last, First, Middle Initial)			_		
C. TOMORROW IS MEANINGFUL PA	AC		Date of Disbursement		
	- -		M M / D D / Y Y Y Y		
Mailing Address 7620 RIVERS AVE STE 370, #312			09 21 2023		
	state Zip Code				
,	SC 29406		FEC Identification Number		
Purpose of Disbursement			C C00495887		
Political Contribution		011	Transaction ID : SB23.34536		
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disbursem	nent For	Туре	1500.00		
	Primary General		7 7		
	Other (specify)				
State: District:	oution (opooliy) ▼		Memo Item		
olato. District.					
SUBTOTAL of Disbursements This Page (optional)			4500.00		
- SOBTOTAL OF DISDUISEMENTS THIS Page (optional)		·····	7 7 7		
TOTAL This Period (last page this line number only).			18000.00		

SCHEDULE B (FEC Form 3X)	Use separate sch	nedule(s)	FOR LINE I				
ITEMIZED DISBURSEMENTS	for each category Detailed Summar	of the	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	o and address of a	arry political	COMMINGE IO	Someti Committee.			
	0.001.1710.41	A OT! O:		TEE /NAAVINALIEALTIJOADE DAO			
/ MAXIM HEALTHCARE SERVICES IN	C POLITICAL	ACTION		IEE (MAXIM HEALTHCARE PAC			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
BARRETT ELECTION COMMITTEE				Man / Dad / Yayayay			
Mailing Address PO Box 2145				09 14 2023			
,	State Zip Code			FEC Identification Number			
Richmond	IN 4737	5					
Purpose of Disbursement		l r	011	C			
Non-Federal Political Contribution	011			Transaction ID : SB29.34519			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disbursem	ent For:		туре	300.00			
		General		7 7 7			
President State: District:	Other (specify) ▼			Memo Item			
Full Name (Last, First, Middle Initial)				_			
				Date of Disbursement			
5. CHARBONNEAU FOR SENATE				M M / D D / Y Y Y Y			
Mailing Address PO Box 30				09 14 2023			
,	tate Zip Co			FEC Identification Number			
Valparaiso	IN 46384						
Purpose of Disbursement			011	C			
Non-Federal Political Contribution Candidate Name		[Transaction ID : SB29.34499			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disbursem	ent For:		туре	500.00			
		General					
	Other (specify)			□ M N			
State: District:				Memo Item			
Full Name (Last, First, Middle Initial)				Data of Dishara			
COMMITTEE TO ELECT BOHACE	K FOR SEN	ATE		Date of Disbursement			
Mailing Address 220 Pokagon Trail				09 14 2023			
City	tate Zip Co	ode		FEC Identification Number			
Michigan Shores	IN 4636	60					
Purpose of Disbursement Non-Federal Political Contribution			011	C			
Candidate Name			Category/ Type	Transaction ID: SB29.34517 Amount of Each Disbursement this Period			
Office Sought: House Disbursem	ent For:		1,400	300.00			
		General		7 7 7			
	Other (specify)			Mama Itam			
State: District:	. 1 3/ ₹			Memo Item			
SUBTOTAL of Disbursements This Page (optional)				1100.00			
TOTAL This Period (last page this line number only).			·····•				

S П

TEMIZED DISBURSEMENTS	S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 93 OF 96			
Detailed Surmany Page	IT	EMIZED DISBURSEMENTS			1 ` — '		□		
Apy Information copied from such Reports and Statements may not be sold or used by any persons for the purpose of soliciting contributions for or commencial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full)									
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 Pul) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) City State City State Scherenville IN AS375 Office Sought Purpose of Disbursement Non-Federal Political Contribution Cardidate Name City South Bend Suith Bend Suith Bend Suith Bend Firmary Office Sought Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT JAKE TESHKA Mailing Address PO Box 2282 City South Bend Purpose of Disbursement Non-Federal Political Contribution Cardidate Name Office Sought House South Bend Purpose of Disbursement Non-Federal Political Contribution Cardidate Name Office Sought Formary Office Sought State: District Full Name (Last, First, Middle Initial) Committee to Elect Jon Ford Mailing Address PO Box 2282 FEC Identification Number Committee to Sister Full Name (Last, First, Middle Initial) Committee to Elect Jon Ford Mailing Address 43 Greenhaven Ct City Salate District Full Name (Last, First, Middle Initial) Committee to Elect Jon Ford Mailing Address 43 Greenhaven Ct City Salate District Full Name (Last, First, Middle Initial) Committee to Elect Jon Ford Mailing Address 43 Greenhaven Ct City Salate District Fec Identification Number	Δ.,	we information coming from such Deposits and Otston							
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT HAL SLAGER Mailing Address 1020 Woodhollow Drive City Schereville Scherevi									
MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT HAL SLAGER Mailing Address 1020 Woodhollow Drive City Schererville									
A. COMMITTEE TO ELECT HAL SLAGER Mailing Address 1020 Woodhollow Drive City Schererville	$ \rangle$, ,	IC POLIT	ICAL ACTIC	N COMMIT	TEE (MAXIM H	EALTHCARE PAC)		
City Schererville		Full Name (Last, First, Middle Initial)							
City Scherenville Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT JAKE TESHKA Mailing Address PO Box 2282 City South Bend Purpose of Disbursement Non-Federal Political Contribution Candidate Name City South Bend Variety Senate Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: Fill Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT JAKE TESHKA Mailing Address PO Box 2282 City South Bend Non-Federal Political Contribution Candidate Name Office Sought: Fill Name (Last, First, Middle Initial) Committee To Electry Senate President Other (specify) FEC Identification Number Committee To Electry Transaction ID : \$823.4523 Amount of Each Disbursement this Period Transaction ID : \$823.4503 Amount of Each Disbursement this Period Transaction ID : \$823.4503 Amount of Each Disbursement this Period Transaction ID : \$823.4503 Amount of Each Disbursement this Period Transaction ID : \$823.4503 Amount of Each Disbursement this Period Transaction ID : \$823.4503 Amount of Each Disbursement this Period Transaction ID : \$823.4503 Amount of Each Disbursement this Period Transaction ID : \$823.4503 Amount of Each Disbursement this Period Transaction ID : \$823.4503 Amount of Each Disbursement this Period Transaction ID : \$823.4503 Amount of Each Disbursement this Period Transaction ID : \$823.4503 Amount of Each Disbursement this Period Transaction ID : \$823.4503 Tran	A.	COMMITTEE TO ELECT HAL SLAG	ER						
Schererville Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT JAKE TESHKA Mailing Address PO Box 2282 City South Bend Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Purpose of Disbursement Contribution Candidate Name Office Sought: House Disbursement For: Senate Purpose of Disbursement Contribution Candidate Name Office Sought: House Disbursement For: Senate Purpose of Disbursement Disbursement For: Senate Purpose of Disbursement Disbursement For: Senate Purpose of Disbursement Disbursement For: Senate Primary General Disbursement Disbursement For: Senate Primary General Disbursement Disbursement Disbursement For: Senate Primary General Disbursement Disbursement Disbursement Disbursement Disbursement For: Senate Primary General Disbursement Disbursement Disbursement Disbursement For: Senate Primary General Disbursement Di		Mailing Address 1020 Woodhollow Drive				09 14 2023			
Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT JAKE TESHKA Mailing Address PO Box 2282 City South Bend Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Primary General Office Sought: President Disbursement FEC Identification Number Category/Type Office Sought: House Primary General Office Sought: Disbursement State: District: Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JON FORD Mailing Address 48 Greenhaven Ct City Terrer Haure Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House In Africa Contribution Candidate Name Office Sought: House Primary General Office Sought: House In Africa Category Type Office Sought: House Primary General Office Sought: House In Africa Category Type Office Sought: House Primary General		,		•		FEC Identification	Number		
Non-Federal Political Contribution Candidate Name Office Sought:			IIN	46375					
Cardidate Name Cardidate Name Combination ID: SB29.34525 Amount of Each Disbursement His Period Category' Type Office Sought: House President Primary General President State: District: Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT JAKE TESHKA Mailing Address PO Box 2282 City South Bend IN 46680 Purpose of Disbursement Non-Federal Political Contribution Candidate Name Category' Type Office Sought: House President Primary General President Non-Federal Political Contribution Committee TO ELECT JON FORD Mailing Address 48 Greenhaven Ct City State Ip Code Purpose of Disbursement For: Senate Primary General Other (specify) Memo Item Date of Disbursement Date of Disbu		'			011				
Office Sought: House Disbursement For: Senate President Other (specify) V					011				
Office Sought:		Candidate Name				Amount of Each D	Disbursement this Period		
Senate President Other (specify) ▼ Memo Item Date of Disbursement Primary General Other (specify) ▼ Memo Item Date of Disbursement Date of Disburs		Office Sought: House Dishursen	nent For:		туре		300.00		
President Other (specify)				General		7	7 7		
State: District: Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT JAKE TESHKA Mailing Address PO Box 2282 City South Bend Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President President District: Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JON FORD Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Other (specify) Date of Disbursement FEC Identification Number C. Transaction ID: SB29.34523 Amount of Each Disbursement this Period Date of Disbursement Merno Item Date of Disbursement			,			П.,			
B. COMMITTEE TO ELECT JAKE TESHKA Mailing Address PO Box 2282 City South Bend IN 46680 Purpose of Disbursement Non-Federal Political Contribution Candidate Name Other (specify) State: District: Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JON FORD Mailing Address 48 Greenhaven Ct City Terrer Haute Purpose of Disbursement For: State: District: City Terrer Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Other (specify) State: Disbursement For: Other (specify) State: Disbursement Other (specify) FEC Identification Number C Transaction ID: SB29.34523 Amount of Each Disbursement this Period Date of Disbursement FEC Identification Number FEC Identification Number FEC Identification Number Transaction ID: SB29.34503 Amount of Each Disbursement Other (specify) FEC Identification Number FEC Identification Number FEC Identification Number FEC Identification Number Transaction ID: SB29.34503 Amount of Each Disbursement this Period Transaction ID: SB29.34503 Amount of Each Disbursement this Period Transaction ID: SB29.34503 Amount of Each Disbursement this Period Memo Item SUBTOTAL of Disbursements This Page (optional)				• ,		Memo Item			
COMMITTEE TO ELECT JARE TESHKA Mailing Address PO Box 2282 City South Bend Purpose of Disbursement Non-Federal Political Contribution Candidate Name Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JON FORD Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Disbursement For: State: District: Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JON FORD Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Disbursement For: Senate Purpose of Disbursement Non-Federal Political Contribution Candidate Name Disbursement For: Committee Sugarta Primary General Office Sought: House Senate Primary General Other (specify) Memo Item Subtotal of Disbursement Inis Period Memo Item Subtotal of Disbursement Inis Period		Full Name (Last, First, Middle Initial)							
Mailing Address PO Box 2282 City South Send In Address Primary General Office Sought: In State Disbursement Non-Federal Political Contribution Committee To Elect Jon Ford Mailing Address 48 Greenhaven Ct City Terre Haute In Address 48 Greenhaven Ct Sanate Primary General Ctategory/ Type Office Sought: House Senate Primary General Other (specify) ✓ Memo Item Substitute In Memo Item Memo Item	B.	COMMITTEE TO ELECT JAKE TE	SHKA			Date of Disbursen	nent		
City South Bend Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Primary General President State: District: Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JON FORD Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Disbursement State: District: Full Name (Last, First, Middle Initial) C. Committee To Elect Jon Ford Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Primary General President State: District: Senate Primary General Other (specify) ▼ Memo Item FEC Identification Number Other (specify) ▼ Memo Item Subtrotal of Disbursement For: Senate Primary General Other (specify) ▼ Memo Item Subtrotal of Disbursements This Page (optional)		OOMINITTEE TO LEEDT SAILE TE	-011107			M = M / D = E) / Y Y Y Y Y		
South Bend Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Primary General Primary General Other (specify) Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item Substitution Number FEC Identification Number FE		Mailing Address PO Box 2282				09 14	2023		
South Bend Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JON FORD Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item Subtrotal of Disbursements This Page (optional)		-				FEC Identification	Number		
Non-Federal Political Contribution Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JON FORD Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Memo Item Date of Disbursement FEC Identification Number C Transaction ID: SB29.34503 Amount of Each Disbursement this Period Memo Item Substitution Number C Transaction ID: SB29.34503 Amount of Each Disbursement this Period Memo Item Substitution Number C Transaction ID: SB29.34503 Amount of Each Disbursement this Period Memo Item Substitution Number C Transaction ID: SB29.34503 Amount of Each Disbursement this Period Memo Item Substitution Number C Transaction ID: SB29.34503 Amount of Each Disbursement this Period Memo Item Substitution Number C Transaction ID: SB29.34503 Amount of Each Disbursement this Period Transaction ID: SB29.34503 Amount of Each Disbursement this Period Transaction ID: SB29.34503 Amount of Each Disbursement this Period Transaction ID: SB29.34503 Amount of Each Disbursement this Period			IN	46680					
Candidate Name Category/Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JON FORD Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Memo Item Transaction ID: SB29.34523 Amount of Each Disbursement FEC Identification Number Category/Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item State: District: Memo Item Transaction ID: SB29.34503 Amount of Each Disbursement this Period Memo Item State: District: Memo Item		'			011				
Office Sought: House Disbursement For: Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JON FORD Malling Address 48 Greenhaven Ct City Terre Haute IN 47802 Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item FEC Identification Number C Transaction ID: SB29.34503 Amount of Each Disbursement this Period State: District: Substate: District: Substate: District: Memo Item									
Office Sought:		Candidate Name				Amount of Each D	Disbursement this Period		
Senate Primary Other (specify) State: District: Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JON FORD Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Primary General Office Sought: House Primary General Other (specify) State: District: Memo Item Date of Disbursement Date of Disbursement Date of Disbursement Tell Memo Item Transaction ID: SB29.34503 Amount of Each Disbursement this Period Memo Item Substortal of Disbursements This Page (optional)		Office Sought: House Disbursen	nent For		туре		300.00		
State: District: Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JON FORD Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President State: District: Other (specify) Memo Item Date of Disbursement Date of Disbursement Date of Disbursement The proof of Disbursement State: Disbursement For: Senate Primary General Other (specify) Memo Item Substraction ID: SB29.34503 Amount of Each Disbursement this Period Other (specify) Memo Item Substraction ID: SB29.34503 Amount of Each Disbursement this Period Memo Item				General		4	4- 4-		
State: District: Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JON FORD Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President State: District: Substate: District: Date of Disbursement Date of Disbursement Date of Disbursement FEC Identification Number Category/ Type Category/ Type Memo Item Memo Item Memo Item Substate: Substate: Substate: Substate: District: Substate: Substat			•	ify)		Manage Ham			
Committee to elect Jon Ford Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President State: District: Date of Disbursement Memo Item Date of Disbursement Date of Disbursement Disbursement Memo Item Date of Disbursement Disbursement FEC Identification Number Category/ Type Transaction ID: SB29.34503 Amount of Each Disbursement this Period Memo Item Subtrotal of Disbursements This Page (optional)		State: District:				Memo Item			
Mailing Address 48 Greenhaven Ct City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President State: District: Substate Disbursement For: Senate Primary General Other (specify) Substate: Substate: Substate: Substate: Disbursements This Page (optional)		Full Name (Last, First, Middle Initial)							
City Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President State: District: D	C.	COMMITTEE TO ELECT JON FOR	RD			Date of Disbursen	nent		
Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Primary Senate President State: District: IN 47802 Category/ Type Category/ Type Category/ Type Memo Item		Mailing Address 48 Greenhaven Ct							
Terre Haute Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Primary Senate President State: District: IN 47802 Category/ Type Category/ Type Category/ Type Memo Item		Other	21-1-	7:- 01-					
Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Primary General Other (specify) ▼ Substrict: Substrict: Memo Item C Transaction ID: SB29.34503 Amount of Each Disbursement this Period Memo Item		,		1		FEC Identification	Number		
Non-Federal Political Contribution Candidate Name Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Transaction ID: SB29.34503 Amount of Each Disbursement this Period Memo Item 1100.00				17002		C			
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)		Non-Federal Political Contribution			011		D · SR20 3/503		
Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)		Candidate Name							
Senate Primary General Other (specify) State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)		Office Cought:	F		Туре		500.00		
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)				Gonoral		4	300.00		
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)			•						
SUBTOTAL of Disbursements This Page (optional)			Outer (Speci	''y) ▼		Memo Item			
SOBTOTAL OF DISDUISEMENTS THIS Page (Optional)	Г	District.							
TOTAL This Period (last page this line number only)	s	UBTOTAL of Disbursements This Page (optional)			·····•		1100.00		
	_	OTAL This Period (last page this line number only)							

S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 94 OF 96
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	· _ ·
		Summary Page	21b	22 23 26 27
			28a	28b 28c X 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
MAXIM HEALTHCARE SERVICES	NC POLI	TICAL ACTIC	ON COMMIT	TEE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)				B (B)
A. COMMITTEE TO ELECT STACEY	Date of Disbursement			
Mailing Address 1315 Kiesling Road				09 14 2023
City	State IN	Zip Code		FEC Identification Number
Logansport Purpose of Disbursement	IIN	46947		
			011	
Non-Federal Political Contribution			011	Transaction ID : SB29.34513
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs	ement For:		туре	300.00
Senate	Primary	General		7 7
President	Other (spe	ecify) 🔻		Memo Item
State: District:				Ц
Full Name (Last, First, Middle Initial)				Date of Dishuraneset
B. FADY 4 HOOSIER FAMILIES				Date of Disbursement
Mailing Address PO Box 90058				09 14 2023
City	State	Zip Code		FEC Identification Number
Indianapolis	IN	46290		
Purpose of Disbursement			011	
Non-Federal Political Contribution Candidate Name	Transaction ID : SB29.34507			
Canadate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs	ement For:		.,,,,	300.00
Senate	Primary	General		7 7
President State: District:	Other (spe	ecify)		Memo Item
Full Name (Last, First, Middle Initial)				
C. FRIENDS OF CHRIS GARTEN				Date of Disbursement
Mailing Address 3415 CR 160				09 14 2023
City	State	Zip Code		FEC Identification Number
Charlestown	IN	47111		1 LO Identification Nulliber
Purpose of Disbursement			011	C
Non-Federal Political Contribution Candidate Name			011	Transaction ID : SB29.34505
Calididate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs	ement For:		Турс	500.00
Senate	Primary	General		4 4
President	Other (spe	ecify) 🔻		Memo Item
State: District:				Wellio Itelli
SUBTOTAL of Disbursements This Page (optional)				1100.00
22212 2 2.022.05.morks age (optional)				
TOTAL This Period (last page this line number onl	v)			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
	le and address of any pointic	ai committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
MAXIM HEALTHCARE SERVICES IN	C POLITICAL ACTIO	N COMMIT	TEE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)	Date of Disbursement		
FRIENDS TO ELECT VANETA BECH	M M / D D / Y Y Y Y		
Mailing Address 4017 Cobble Field Drive	09 14 2023		
,	State Zip Code		FEC Identification Number
Evansville	IN 47711		
Purpose of Disbursement		244	
Non-Federal Political Contribution		011	Transaction ID : SB29.34501
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursem	ant For	Туре	500.00
			55555
	Primary General Other (specify) ▼		
State: District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			
	·OENTATI\/E		Date of Disbursement
LEDBETTER FOR STATE REPRE	SENTATIVE		M = M / D = D / Y = Y = Y
Mailing Address 7277 Marywood Drive			09 14 2023
City	State Zip Code		FEC Identification Number
Newburgh	IN 47630		
Purpose of Disbursement			
Non-Federal Political Contribution	Transaction ID : SB29.34521		
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Courbby House Bishurs		Туре	300.00
Office Sought: House Disbursem			300.00
	Primary General		_
President State: District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			
C. MARKMESSMER.COM	Date of Disbursement		
Mailing Address 795 Scherle Ln			09 14 2023
City	State Zip Code		FEO. II. III. II. N. I
Jasper	IN 47546		FEC Identification Number
Purpose of Disbursement			C
Non-Federal Political Contribution		011	Transaction ID : SB29.34515
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For:	. , , , ,	300.00
Senate Primary General			
	Other (specify)		
State: District:	(1 - 2/ 1		Memo Item
SUBTOTAL of Disbursements This Page (optional)		·············	1100.00
TOTAL Tide Desired #			
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)	Llea congreta cohodula(a)	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	7 one) 22 23 26 27 28b 28c X 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam-			
	e and address of any point	car committee to	Solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
MAXIM HEALTHCARE SERVICES IN	C POLITICAL ACTION	ON COMMIT	TEE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)	Date of Disbursement		
A. VOTE DR JOHNSON	M M / D D / Y Y Y Y		
Mailing Address 6510 Schlatter Road	09 14 2023		
,	State Zip Code		FEC Identification Number
Leo	IN 46765		
Purpose of Disbursement		in the	
Non-Federal Political Contribution		011	Transaction ID : SB29.34509
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursem	ant For	Туре	300.00
	Primary General		7 7 7
	Other (specify)		
State: District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			
.			Date of Disbursement
WALKER FOR INDIANA			M = M / D = D / Y = Y = Y
Mailing Address 6919 Royal Oakland Dr.			09 14 2023
City	State Zip Code		FEC Identification Number
Indianapolis	IN 46236		
Purpose of Disbursement		011	
Non-Federal Political Contribution	Transaction ID : SB29.34511		
Candidate Name	Amount of Each Disbursement this Period		
Office Coughts House		Type	300.00
Office Sought: House Disbursem			300.00
	Primary General		_
President State: District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			
>.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		FEC Identification Number
Purpose of Disbursement			С
			C
Candidate Name Category/			Amount of Each Disbursement this Period
		Type	Amount of Each Disbursement this Feriod
Office Sought: House Disbursem	nent For:		1 40 1 40 1 40
Senate I	Primary General		, , , , , , , , , , , , , , , , , , , ,
	Other (specify) ▼		Memo Item
State: District:			
			600.00
SUBTOTAL of Disbursements This Page (optional)		·····	000.00
TOTAL This Pariod (last page this line number only)			5000.00
TOTAL This Period (last page this line number only).			