

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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

ADDRESS (number and street)

7227 Lee Deforest Drive

Check if different  
than previously  
reported. (ACC)

Columbia

MD

21046

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00558932

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☒ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2021

through

M M M / D D D / Y Y Y Y Y Y  
07 31 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Estes, Kirstyn, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Estes, Kirstyn, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
08 17 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2021</span>		<span style="border: 1px solid black; padding: 2px;">32806.25</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">58201.09</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">5664.20</span>	<span style="border: 1px solid black; padding: 2px;">47859.04</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">63865.29</span>	<span style="border: 1px solid black; padding: 2px;">80665.29</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">16800.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">63865.29</span>	<span style="border: 1px solid black; padding: 2px;">63865.29</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3716.70	29686.34
(ii) Unitemized .....	1947.50	18172.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5664.20	47859.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5664.20	47859.04
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5664.20	47859.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5664.20	47859.04

# **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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	16800.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	16800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	16800.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5664.20	47859.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5664.20	47859.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 21

(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

A. Alvarez, Heather, L, ,

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20367

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Andrews, Haven, , ,

Mailing Address 21 Harrisecket Rd

City

Kennebunk

State

ME

Zip Code

04043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20368

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

C. Apperson, Kevin, D, ,

Mailing Address 2235 Eutaw Place

City

Baltimore

State

MD

Zip Code

21217

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Chief Information Officer

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20369

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction (\$30 weekly)

SUBTOTAL of Receipts This Page (optional).....▶

250.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

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

A. Beams, Michael, I, ,

Mailing Address 315 W Magnolia Ave  
Unit 504

City  
Fort Worth

State  
TX

Zip Code  
76104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20371

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Bodmer, Christopher, , ,

Mailing Address 903 Sill Ridge Drive

City  
O'Fallon

State  
MO

Zip Code  
63368

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20380

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

C. Burke, Steven, L, ,

Mailing Address 701 W Hampton Ave

City  
Loves Park

State  
IL

Zip Code  
61111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20385

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 21  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

**A. Campion, Michael, J, ,**

Mailing Address 205 Nomini Drive

City  
Arnold

State  
MD

Zip Code  
21012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Divisional Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20388**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

**B. Carbone, Raymond, A, ,**

Mailing Address 367 Berkshire Drive

City  
Riva

State  
MD

Zip Code  
21140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Sr. VP Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20389**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction (\$30 weekly)

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

**C. Carter, Scott, , ,**

Mailing Address 2246 Cherokee Drive

City  
Westminster

State  
MD

Zip Code  
21157

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Vice President of Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20391**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll Deduction (\$25 weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

325.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Ceron, Kelly, N, ,

Mailing Address 15735 Arabian Way

City  
MontverdeState  
FLZip Code  
34756FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20393

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Colvard, Tracy, , ,

Mailing Address 2609 Pathview Court

City  
RaleighState  
NCZip Code  
27613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20401

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

C. Corya, Lane, , ,

Mailing Address 138 Park Central Square  
Apt 603City  
SpringfieldState  
MOZip Code  
65806FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2021

Transaction ID : SA11AI.20402

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

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

**A. Crawn, Susan, K, ,**

Mailing Address 1045 Braewick Cir. NW

City  
Massillon

State  
OH

Zip Code  
44646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20405**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

**B. Cupples, Jason, R, ,**

Mailing Address 1347 Barcelona Court

City  
Byron Center

State  
MI

Zip Code  
49315

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20406**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll Deduction (\$25 weekly)

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

**C. DePriest, Jarrod, , ,**

Mailing Address 51 Miller Place  
2807

City  
Edwards

State  
CO

Zip Code  
81632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Sr. VP of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20409**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction (\$30 weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

**A. Diaz, Matthew, M, ,**

Mailing Address 4910 Regal Court

City  
Rocklin

State  
CA

Zip Code  
95765

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20410**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction (\$30 weekly)

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

**B. Drury, Erica, Eisenlauer, ,**

Mailing Address 1136 46th Street

City  
Sacramento

State  
CA

Zip Code  
95819

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20412**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

**C. Fernie, Elizabeth, D, ,**

Mailing Address 154 Blackswan Pl

City  
The Woodlands

State  
TX

Zip Code  
77354

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20414**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

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

A. Foster, Claire, K, ,

Mailing Address 2707 Columbia Avenue

City  
WilmingtonState  
NCZip Code  
28403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of Field Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20416

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Gehman, Robert, K, , Jr

Mailing Address 229 Treherne Road

City  
LuthervilleState  
MDZip Code  
21093FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
SVP. - Continuous Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20421

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction (\$20 weekly)

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

C. Gering, Joseph, , ,

Mailing Address 6010 S. Freya St

City  
SpokaneState  
WAZip Code  
99223FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20422

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

**A. Jesiolkiewicz, Leah, M, ,**

Mailing Address 405 Quarter Horse Lane

City  
Clinton

State  
PA

Zip Code  
15026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20430**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

**B. Jesiolkiewicz, Louis, Carl, ,**

Mailing Address 405 Quarter Horse Lane

City  
Clinton

State  
PA

Zip Code  
15026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President - Staffing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20431**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

**C. Lanier, Laura, K, ,**

Mailing Address 650 Heartwood Dr.

City  
Winnabow

State  
NC

Zip Code  
28479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Sr. VP of Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20437**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction (\$30 weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 21  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

**A. Liberty, Anthony, , ,**

Mailing Address 2677 Sugar Pine Run

City  
Oviedo

State  
FL

Zip Code  
32765

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20438**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

**B. Martincek, Kevin, D, ,**

Mailing Address 402 Blaze Dr

City  
Glenshaw

State  
PA

Zip Code  
15116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20444**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

**C. Martinez, Jadd, A, ,**

Mailing Address 488 Printz Rd

City  
Arroyo Grande

State  
CA

Zip Code  
93420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20445**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

**A. Melone, Lisa, M, ,**

Mailing Address 6643 Applewood Blvd

City

Boardman

State

OH

Zip Code

44512

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

07 / 30 / 2021

Transaction ID : SA11AI.20449

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

**B. Middleton, Deeley, C, ,**

Mailing Address 213 St Dunstons Road

City

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

CCO & Sr. VP of Quality, Safety

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

894.04

Date of Receipt

07 / 30 / 2021

Transaction ID : SA11AI.20450

Amount of Each Receipt this Period

144.20

☐ Memo Item

Payroll Deduction (\$28.84 weekly)

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

**C. Miller, Natalie, M, ,**

Mailing Address 14057 Montecello Dr

City

Cooksville

State

MD

Zip Code

21723

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

07 / 30 / 2021

Transaction ID : SA11AI.20451

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

244.20



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 21  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

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

**A. Nichols, James, , ,**

Mailing Address 296 Dandridge Dr.

City  
Franklin

State  
TN

Zip Code  
37067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20453**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

**B. Peaslee, Robert, B, ,**

Mailing Address 210 Bentwood Ct

City  
Salem

State  
VA

Zip Code  
24153

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20461**

Amount of Each Receipt this Period

47.50

☐ Memo Item

Payroll Deduction (\$9.50 weekly)

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

**C. Phipps, Laurie, , ,**

Mailing Address 1110 Cloverfield Ct

City  
Leland

State  
NC

Zip Code  
28451

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20462**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction (\$15 weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

172.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

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

**A. Plaine, Marsha, C, ,**

Mailing Address 3503 Nelson Meadow Ln

City  
Greensboro

State  
NC

Zip Code  
27406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20463**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction (\$20 weekly)

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

**B. Raney, Michael, , ,**

Mailing Address 300 Vale Drive

City  
Wilmington

State  
NC

Zip Code  
28411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

868.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20465**

Amount of Each Receipt this Period

140.00

☐ Memo Item

Payroll Deduction (\$28 weekly)

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

**C. Rawlings, Thomas, , ,**

Mailing Address 1835 Midsummer Lane

City  
Jarrettsville

State  
MD

Zip Code  
21084

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Senior Director of Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20466**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

290.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City  
Epping

State  
NH

Zip Code  
03042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20468

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll Deduction (\$25 weekly)

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

B. Rider, Steven, , ,

Mailing Address 745 Fountainwood Blvd

City  
Franklin

State  
TN

Zip Code  
37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20469

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

C. Rozelle, Christopher, M, ,

Mailing Address 2013 Powers Ferry Rd SE  
Apt C

City  
Marietta

State  
GA

Zip Code  
30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20472

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Simcox, Nichole, , ,

Mailing Address 62 Ginger Tree Ct.

City  
O'FallonState  
MOZip Code  
63368FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20479

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Sipes, Christopher, , ,

Mailing Address 9016 Sunni Shade Ct

City  
Perry HallState  
MDZip Code  
21128FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional VP - Reg Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20480

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction (\$30 weekly)

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

C. Stewart, Philip, , ,

Mailing Address 2194 SW 25th Terrace

City  
MiamiState  
FLZip Code  
33133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc.Occupation (for Individual)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.20484

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 OF 21  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

**A. Stickles, Jeremy, D, ,**

Mailing Address 1650 Overbrook Rd  
Apt 18

City  
Richmond

State  
VA

Zip Code  
23220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Field Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20485**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

**B. Stover, Regina, , ,**

Mailing Address 3400 Hemphill Road

City  
Norton

State  
OH

Zip Code  
44203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20487**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

**C. Stugelmeyer, Brian, , ,**

Mailing Address 2400 65th LN NW

City  
Olympia

State  
WA

Zip Code  
98502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Director - Product Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20489**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deductions (\$10 weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

**A. Whitehead, Erin, , ,**

Mailing Address 203 Weaver St

City

Randleman

State

NC

Zip Code

27317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20495**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Payroll Deduction (\$7 weekly)

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

**B. Whiting, Evan, D, ,**

Mailing Address 1469 Bridle Creek Blvd

City

Virginia Beach

State

VA

Zip Code

23464

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20496**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

**C. Wilkinson, Matthew, J, ,**

Mailing Address 3097 La Reserve Drive

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

**Transaction ID : SA11AI.20497**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

135.00

3716.70