

**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 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 Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Campbell, Tara, , ,

Signature of Treasurer

Campbell, Tara, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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
08		01		2023

 To:

M M	/	D D	/	Y Y Y Y Y
08		31		2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2023</div></div>		<div><div></div><div>109164.45</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>119221.65</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>4477.36</div></div>	<div><div></div><div>36974.56</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>123699.01</div></div>	<div><div></div><div>146139.01</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>9200.00</div></div>	<div><div></div><div>31640.00</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>114499.01</div></div>	<div><div></div><div>114499.01</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	

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

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
08 01 2023

To:

M M / D D / Y Y Y Y
08 31 2023

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).....

2423.36

13249.02

(ii) Unitemized

2054.00

23725.54

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

4477.36

36974.56

(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)

4477.36

36974.56

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))

4477.36

36974.56

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

4477.36

36974.56

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.....	500.00	2000.00
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	240.00
(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	240.00
29. Other Disbursements (Including Non-Federal Donations).....	8700.00	29400.00
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)) ..	9200.00	31640.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9200.00	31640.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4477.36	36974.56
34. Total Contribution Refunds (from Line 28(d))	0.00	240.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4477.36	36734.56
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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 71
(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 ParkState
KSZip Code
66215FEC 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
08 / 04 / 2023

Transaction ID : SA11AI.33185

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Alvarez, Heather, L, ,

Mailing Address 12931 West 105th St

City
Overland ParkState
KSZip Code
66215FEC 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33337

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Alvarez, Heather, L, ,

Mailing Address 12931 West 105th St

City
Overland ParkState
KSZip Code
66215FEC 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33490

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 71
(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. Alvarez, Heather, L, ,

Mailing Address 12931 West 105th St

City
Overland ParkState
KSZip Code
66215FEC 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33642

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Andrews, Haven, , ,

Mailing Address 21 Harrisecket Rd

City
KennebunkState
MEZip Code
04043FEC 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
08 / 04 / 2023

Transaction ID : SA11AI.33168

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Andrews, Haven, , ,

Mailing Address 21 Harrisecket Rd

City
KennebunkState
MEZip Code
04043FEC 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33320

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 71
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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. Andrews, Haven, , ,

Mailing Address 21 Harrisecket Rd

City
KennebunkState
MEZip Code
04043FEC 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 ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33473

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Andrews, Haven, , ,

Mailing Address 21 Harrisecket Rd

City
KennebunkState
MEZip Code
04043FEC 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 ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33625

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Beams, Michael, Irwin Keoke, ,

Mailing Address 2235 Madera Ave

City
DallasState
TXZip Code
75206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Regional 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
08 / 04 / 2023

Transaction ID : SA11AI.33169

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 71
(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. Beams, Michael, Irwin Keoke, ,

Mailing Address 2235 Madera Ave

City
DallasState
TXZip Code
75206FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33321

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Beams, Michael, Irwin Keoke, ,

Mailing Address 2235 Madera Ave

City
DallasState
TXZip Code
75206FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33474

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Beams, Michael, Irwin Keoke, ,

Mailing Address 2235 Madera Ave

City
DallasState
TXZip Code
75206FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33626

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 71
 (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. 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

08 / 04 / 2023

Transaction ID : SA11AI.33152

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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 ▼

320.00

Date of Receipt

08 / 11 / 2023

Transaction ID : SA11AI.33304

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. 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 ▼

330.00

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33457

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 71
(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. Bodmer, Christopher, , ,

Mailing Address 903 Sill Ridge Drive

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 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33609

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Brickhouse, Duane, , ,

Mailing Address 3605 Ligon road

City
Ellicott CityState
MDZip Code
21042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
VP of Corporate Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 04 / 2023

Transaction ID : SA11AI.33121

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Deduction

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

C. Brickhouse, Duane, , ,

Mailing Address 3605 Ligon road

City
Ellicott CityState
MDZip Code
21042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
VP of Corporate Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33273

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

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 71
 (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. Brickhouse, Duane, , ,

Mailing Address 3605 Ligon road

City
Ellicott City

State
MD

Zip Code
21042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
VP of Corporate Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33426

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Deduction

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

B. Brickhouse, Duane, , ,

Mailing Address 3605 Ligon road

City
Ellicott City

State
MD

Zip Code
21042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
VP of Corporate Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 25 / 2023

Transaction ID : SA11AI.33578

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Deduction

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 ▼

310.00

Date of Receipt

08 / 04 / 2023

Transaction ID : SA11AI.33142

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 71
(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. Burke, Steven, L, ,

Mailing Address 701 W Hampton Ave

City
Loves ParkState
ILZip Code
61111FEC 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 ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33294

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Burke, Steven, L, ,

Mailing Address 701 W Hampton Ave

City
Loves ParkState
ILZip Code
61111FEC 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 ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33447

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Burke, Steven, L, ,

Mailing Address 701 W Hampton Ave

City
Loves ParkState
ILZip Code
61111FEC 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 ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33599

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

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 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Campion, Michael, James, ,

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)

Exec Dir of Learning & Org Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

08 / 04 / 2023

Transaction ID : SA11AI.33212

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Campion, Michael, James, ,

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)

Exec Dir of Learning & Org Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 11 / 2023

Transaction ID : SA11AI.33363

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Campion, Michael, James, ,

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)

Exec Dir of Learning & Org Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33516

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 71
(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, James, ,

Mailing Address 205 Nomini Drive

City
ArnoldState
MDZip Code
21012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Exec Dir of Learning & Org Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33668

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. 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 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 M / D D D / Y Y Y Y Y Y
08 / 04 / 2023

Transaction ID : SA11AI.33178

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. 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 Inc

Occupation (for Individual)

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33330

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 71
(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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33483

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33635

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Charles, Veronica, Lee, ,

Mailing Address 1232 Florida Ave NE

City
WashingtonState
DCZip Code
20002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Sr Dir of Fed and State Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 04 / 2023

Transaction ID : SA11AI.33242

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 71
(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. Charles, Veronica, Lee, ,

Mailing Address 1232 Florida Ave NE

City
WashingtonState
DCZip Code
20002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Sr Dir of Fed and State Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33393

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Charles, Veronica, Lee, ,

Mailing Address 1232 Florida Ave NE

City
WashingtonState
DCZip Code
20002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Sr Dir of Fed and State Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33546

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Charles, Veronica, Lee, ,

Mailing Address 1232 Florida Ave NE

City
WashingtonState
DCZip Code
20002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Sr Dir of Fed and State Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33698

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 71
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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. Cisneros, Anthony, Joseph, ,

Mailing Address 8626 Napa Landing

City
BoerneState
TXZip Code
78015FEC 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
08 / 04 / 2023

Transaction ID : SA11AI.33248

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Cisneros, Anthony, Joseph, ,

Mailing Address 8626 Napa Landing

City
BoerneState
TXZip Code
78015FEC 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33401

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Cisneros, Anthony, Joseph, ,

Mailing Address 8626 Napa Landing

City
BoerneState
TXZip Code
78015FEC 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33553

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 71
(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. Cisneros, Anthony, Joseph, ,

Mailing Address 8626 Napa Landing

City
BoerneState
TXZip Code
78015FEC 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33705

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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
08 / 04 / 2023

Transaction ID : SA11AI.33239

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33390

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

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 71
 (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. Colvard, Tracy, , ,

Mailing Address 2609 Pathview Court

City
Raleigh

State
NC

Zip Code
27613

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 ▼

330.00

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33543

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Colvard, Tracy, , ,

Mailing Address 2609 Pathview Court

City
Raleigh

State
NC

Zip Code
27613

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 ▼

340.00

Date of Receipt

08 / 25 / 2023

Transaction ID : SA11AI.33695

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. 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

08 / 04 / 2023

Transaction ID : SA11AI.33137

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 71
(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. Crawn, Susan, K, ,

Mailing Address 1045 Braewick Cir. NW

City
MassillonState
OHZip Code
44646FEC 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33289

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Crawn, Susan, K, ,

Mailing Address 1045 Braewick Cir. NW

City
MassillonState
OHZip Code
44646FEC 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33442

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Crawn, Susan, K, ,

Mailing Address 1045 Braewick Cir. NW

City
MassillonState
OHZip Code
44646FEC 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33594

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 71
(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. DePriest, Jarrod, , ,

Mailing Address 51 Miller Place x2807

City
EdwardsState
COZip Code
81632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Chief Executive 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
08 / 04 / 2023

Transaction ID : SA11AI.33131

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

B. DePriest, Jarrod, , ,

Mailing Address 51 Miller Place x2807

City
EdwardsState
COZip Code
81632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33283

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

C. DePriest, Jarrod, , ,

Mailing Address 51 Miller Place x2807

City
EdwardsState
COZip Code
81632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33436

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 71
(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			Date of Receipt	
A. DePriest, Jarrod, , ,			M M M / D D D / Y Y Y Y Y Y 08 / 25 / 2023	
Mailing Address 51 Miller Place x2807			Transaction ID : SA11AI.33588	
City Edwards	State CO	Zip Code 81632	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction	
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1020.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt	
B. Diaz, Matthew, M, ,			M M M / D D D / Y Y Y Y Y Y 08 / 04 / 2023	
Mailing Address 4910 Regal Court			Transaction ID : SA11AI.33162	
City Rocklin	State CA	Zip Code 95765	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction	
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 930.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt	
C. Diaz, Matthew, M, ,			M M M / D D D / Y Y Y Y Y Y 08 / 11 / 2023	
Mailing Address 4910 Regal Court			Transaction ID : SA11AI.33314	
City Rocklin	State CA	Zip Code 95765	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction	
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			90.00	
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 24 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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 ▼

990.00

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33467

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

B. 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 ▼

1020.00

Date of Receipt

08 / 25 / 2023

Transaction ID : SA11AI.33619

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

C. Foster, Claire, K, ,

Mailing Address 2707 Columbia Avenue

City
Wilmington

State
NC

Zip Code
28403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director- Field Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

08 / 04 / 2023

Transaction ID : SA11AI.33120

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 71
(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. Foster, Claire, K, ,			Date of Receipt MM / DD / YYYY 08 / 11 / 2023 Transaction ID : SA11AI.33272	
Mailing Address 2707 Columbia Avenue			Amount of Each Receipt this Period 10.00	
City Wilmington	State NC	Zip Code 28403	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 320.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Director- Field Support		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Foster, Claire, K, ,			Date of Receipt MM / DD / YYYY 08 / 18 / 2023 Transaction ID : SA11AI.33425	
Mailing Address 2707 Columbia Avenue			Amount of Each Receipt this Period 10.00	
City Wilmington	State NC	Zip Code 28403	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 330.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Director- Field Support		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Foster, Claire, K, ,			Date of Receipt MM / DD / YYYY 08 / 25 / 2023 Transaction ID : SA11AI.33577	
Mailing Address 2707 Columbia Avenue			Amount of Each Receipt this Period 10.00	
City Wilmington	State NC	Zip Code 28403	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 340.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Director- Field Support		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....▶			30.00	
TOTAL This Period (last page this line number only).....▶				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 71
(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. 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 04 / 2023

Transaction ID : SA11AI.33160

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33312

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33465

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

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

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

FOR LINE NUMBER: PAGE 27 OF 71
(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. Gering, Joseph, , ,

Mailing Address 6010 S. Freya St

City
Spokane

State
WA

Zip Code
99223

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 ▼

360.00

Date of Receipt

08 / 25 / 2023

Transaction ID : SA11AI.33617

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Goad, Garrett, Ryan, ,

Mailing Address 7723 Corte Promenade

City
Carlsbad

State
CA

Zip Code
92009

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 ▼

280.00

Date of Receipt

08 / 04 / 2023

Transaction ID : SA11AI.33141

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Goad, Garrett, Ryan, ,

Mailing Address 7723 Corte Promenade

City
Carlsbad

State
CA

Zip Code
92009

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 ▼

290.00

Date of Receipt

08 / 11 / 2023

Transaction ID : SA11AI.33293

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 28 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Goad, Garrett, Ryan, ,

Mailing Address 7723 Corte Promenade

City
Carlsbad

State
CA

Zip Code
92009

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 ▼

300.00

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33446

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Goad, Garrett, Ryan, ,

Mailing Address 7723 Corte Promenade

City
Carlsbad

State
CA

Zip Code
92009

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

08 / 25 / 2023

Transaction ID : SA11AI.33598

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Harris, Stefanie, D, ,

Mailing Address 15535 CR 424

City
Lindale

State
TX

Zip Code
75771

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 ▼

210.00

Date of Receipt

08 / 11 / 2023

Transaction ID : SA11AI.33303

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 71
(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. Harris, Stefanie, D, ,

Mailing Address 15535 CR 424

City
LindaleState
TXZip Code
75771FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33456

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Harris, Stefanie, D, ,

Mailing Address 15535 CR 424

City
LindaleState
TXZip Code
75771FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33608

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Hart, Brenda, M, ,

Mailing Address 985 N. Broadway St.

City
FresnoState
CAZip Code
93728FEC 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 ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2023

Transaction ID : SA11AI.33192

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 71
(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. Hart, Brenda, M, ,			Date of Receipt MM / DD / YYYY 08 / 11 / 2023 Transaction ID : SA11AI.33344	
Mailing Address 985 N. Broadway St.			Amount of Each Receipt this Period 10.00	
City Fresno	State CA	Zip Code 93728	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 220.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc			Occupation (for Individual) Area VP Clinical Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hart, Brenda, M, ,			Date of Receipt MM / DD / YYYY 08 / 18 / 2023 Transaction ID : SA11AI.33497	
Mailing Address 985 N. Broadway St.			Amount of Each Receipt this Period 10.00	
City Fresno	State CA	Zip Code 93728	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 230.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc			Occupation (for Individual) Area VP Clinical Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hart, Brenda, M, ,			Date of Receipt MM / DD / YYYY 08 / 25 / 2023 Transaction ID : SA11AI.33649	
Mailing Address 985 N. Broadway St.			Amount of Each Receipt this Period 10.00	
City Fresno	State CA	Zip Code 93728	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc			Occupation (for Individual) Area VP Clinical Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....▶			30.00	
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 31 OF 71
(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. Howard, Lindsey, Wright, ,

Mailing Address 143 Canvasback Road

City
Mooresville

State
NC

Zip Code
28117

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

MM / DD / YYYY
08 / 04 / 2023

Transaction ID : SA11AI.33246

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Howard, Lindsey, Wright, ,

Mailing Address 143 Canvasback Road

City
Mooresville

State
NC

Zip Code
28117

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 ▼

320.00

Date of Receipt

MM / DD / YYYY
08 / 11 / 2023

Transaction ID : SA11AI.33399

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Howard, Lindsey, Wright, ,

Mailing Address 143 Canvasback Road

City
Mooresville

State
NC

Zip Code
28117

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 ▼

330.00

Date of Receipt

MM / DD / YYYY
08 / 18 / 2023

Transaction ID : SA11AI.33551

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 71
(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. Howard, Lindsey, Wright, ,

Mailing Address 143 Canvasback Road

City
MooresvilleState
NCZip Code
28117FEC 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33703

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Josephson, Adam, , ,

Mailing Address 5250 Angelina Rd

City
OceansideState
CAZip Code
92056FEC 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
08 / 04 / 2023

Transaction ID : SA11AI.33144

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Josephson, Adam, , ,

Mailing Address 5250 Angelina Rd

City
OceansideState
CAZip Code
92056FEC 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33296

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 71
(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. Josephson, Adam, , ,

Mailing Address 5250 Angelina Rd

City
OceansideState
CAZip Code
92056FEC 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 ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33449

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Josephson, Adam, , ,

Mailing Address 5250 Angelina Rd

City
OceansideState
CAZip Code
92056FEC 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 ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33601

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City
WinnabowState
NCZip Code
28479FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
CNO & SVP Clini OP and Quality

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
08 / 04 / 2023

Transaction ID : SA11AI.33125

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City
WinnabowState
NCZip Code
28479FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
CNO & SVP Clini OP and Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33277

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

B. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City
WinnabowState
NCZip Code
28479FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
CNO & SVP Clini OP and Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33430

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

C. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City
WinnabowState
NCZip Code
28479FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
CNO & SVP Clini OP and Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33582

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 71
(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. Martin-Greene, Drake, , ,

Mailing Address 3035 Berkeley Ave

City
Lake TahoeState
CAZip Code
96150FEC 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 M / D D D / Y Y Y Y Y Y
08 / 04 / 2023

Transaction ID : SA11AI.33201

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Martin-Greene, Drake, , ,

Mailing Address 3035 Berkeley Ave

City
Lake TahoeState
CAZip Code
96150FEC 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 ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33352

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Martin-Greene, Drake, , ,

Mailing Address 3035 Berkeley Ave

City
Lake TahoeState
CAZip Code
96150FEC 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 ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33505

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 71
(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. Martin-Greene, Drake, , ,

Mailing Address 3035 Berkeley Ave

City
Lake TahoeState
CAZip Code
96150FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33657

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City
GlenshawState
PAZip Code
15116FEC 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
08 / 04 / 2023

Transaction ID : SA11AI.33110

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City
GlenshawState
PAZip Code
15116FEC 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33262

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Martinec, Kevin, D, ,

Mailing Address 402 Blaze Dr

City
GlenshawState
PAZip Code
15116FEC 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33415

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Martinec, Kevin, D, ,

Mailing Address 402 Blaze Dr

City
GlenshawState
PAZip Code
15116FEC 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33567

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Massello, Edmund, G, ,

Mailing Address 139 Thomas St NW

City
WashingtonState
DCZip Code
20001FEC 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
08 / 04 / 2023

Transaction ID : SA11AI.33124

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

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

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

FOR LINE NUMBER: PAGE 38 OF 71
 (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. Massello, Edmund, G, ,

Mailing Address 139 Thomas St NW

City
Washington

State
DC

Zip Code
20001

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 ▼

320.00

Date of Receipt

08 / 11 / 2023

Transaction ID : SA11AI.33276

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Massello, Edmund, G, ,

Mailing Address 139 Thomas St NW

City
Washington

State
DC

Zip Code
20001

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 ▼

330.00

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33429

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Massello, Edmund, G, ,

Mailing Address 139 Thomas St NW

City
Washington

State
DC

Zip Code
20001

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 ▼

340.00

Date of Receipt

08 / 25 / 2023

Transaction ID : SA11AI.33581

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 39 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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

08 / 04 / 2023

Transaction ID : SA11AI.33221

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. 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 ▼

320.00

Date of Receipt

08 / 11 / 2023

Transaction ID : SA11AI.33372

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. 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 ▼

330.00

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33525

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 40 OF 71
(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. 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 ▼

340.00

Date of Receipt

08 / 25 / 2023

Transaction ID : SA11AI.33677

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstans 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)
SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

894.04

Date of Receipt

08 / 04 / 2023

Transaction ID : SA11AI.33112

Amount of Each Receipt this Period

28.84

☐ Memo Item

Payroll Deduction

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

C. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstans 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)
SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

922.88

Date of Receipt

08 / 11 / 2023

Transaction ID : SA11AI.33264

Amount of Each Receipt this Period

28.84

☐ Memo Item

Payroll Deduction

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

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

67.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 71
(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. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstans Road

City
BaltimoreState
MDZip Code
21212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.72

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33417

Amount of Each Receipt this Period

28.84

☐ Memo Item

Payroll Deduction

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

B. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstans Road

City
BaltimoreState
MDZip Code
21212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.56

Date of Receipt

M M / D D / Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33569

Amount of Each Receipt this Period

28.84

☐ Memo Item

Payroll Deduction

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

C. Nichols, James, , ,

Mailing Address 296 Dandridge Dr.

City
FranklinState
TNZip Code
37067FEC 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
08 / 04 / 2023

Transaction ID : SA11AI.33150

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

67.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 71
(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. Nichols, James, , ,

Mailing Address 296 Dandridge Dr.

City
FranklinState
TNZip Code
37067FEC 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33302

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Nichols, James, , ,

Mailing Address 296 Dandridge Dr.

City
FranklinState
TNZip Code
37067FEC 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33455

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Nichols, James, , ,

Mailing Address 296 Dandridge Dr.

City
FranklinState
TNZip Code
37067FEC 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33607

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. 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)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.50

Date of Receipt

08 / 04 / 2023

Transaction ID : SA11AI.33123

Amount of Each Receipt this Period

9.50

☐ Memo Item

Payroll Deduction

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)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

08 / 11 / 2023

Transaction ID : SA11AI.33275

Amount of Each Receipt this Period

9.50

☐ Memo Item

Payroll Deduction

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

C. 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)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

313.50

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33428

Amount of Each Receipt this Period

9.50

☐ Memo Item

Payroll Deduction

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

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

28.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 71
(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. Peaslee, Robert, B, ,			Date of Receipt MM / DD / YYYY 08 / 25 / 2023 Transaction ID : SA11AI.33580	
Mailing Address 210 Bentwood Ct			Amount of Each Receipt this Period _____ 9.50	
City Salem	State VA	Zip Code 24153	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ _____ 323.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Perez-Lopez, Catherine, Elizabeth, ,			Date of Receipt MM / DD / YYYY 08 / 04 / 2023 Transaction ID : SA11AI.33250	
Mailing Address 17223 8th Ave NE			Amount of Each Receipt this Period _____ 10.00	
City Shoreline	State WA	Zip Code 98155	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ _____ 220.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Director of State Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Perez-Lopez, Catherine, Elizabeth, ,			Date of Receipt MM / DD / YYYY 08 / 11 / 2023 Transaction ID : SA11AI.33403	
Mailing Address 17223 8th Ave NE			Amount of Each Receipt this Period _____ 10.00	
City Shoreline	State WA	Zip Code 98155	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ _____ 230.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Director of State Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....▶			_____ 29.50	
TOTAL This Period (last page this line number only).....▶			_____	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 71
(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. Perez-Lopez, Catherine, Elizabeth, ,

Mailing Address 17223 8th Ave NE

City
ShorelineState
WAZip Code
98155FEC 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33555

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Perez-Lopez, Catherine, Elizabeth, ,

Mailing Address 17223 8th Ave NE

City
ShorelineState
WAZip Code
98155FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33707

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Phipps, Laurie, M, ,

Mailing Address 1110 Cloverfield

City
LelandState
NCZip Code
28451FEC 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 ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 04 / 2023

Transaction ID : SA11AI.33145

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 71
(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. Phipps, Laurie, M, ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2023 Transaction ID : SA11AI.33297	
Mailing Address 1110 Cloverfield			Amount of Each Receipt this Period 15.00	
City Leland	State NC	Zip Code 28451	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 480.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area VP Clinical Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Phipps, Laurie, M, ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2023 Transaction ID : SA11AI.33450	
Mailing Address 1110 Cloverfield			Amount of Each Receipt this Period 15.00	
City Leland	State NC	Zip Code 28451	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 495.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area VP Clinical Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Phipps, Laurie, M, ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 25 / 2023 Transaction ID : SA11AI.33602	
Mailing Address 1110 Cloverfield			Amount of Each Receipt this Period 15.00	
City Leland	State NC	Zip Code 28451	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 510.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area VP Clinical Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....▶			45.00	
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 47 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. 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 Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

MM / DD / YYYY
08 / 04 / 2023

Transaction ID : SA11AI.33167

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction

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

B. 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 Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

MM / DD / YYYY
08 / 11 / 2023

Transaction ID : SA11AI.33319

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction

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

C. 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 Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

MM / DD / YYYY
08 / 18 / 2023

Transaction ID : SA11AI.33472

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction

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

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 71
(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. Plaine, Marsha, C, ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 25 / 2023 Transaction ID : SA11AI.33624	
Mailing Address 3503 Nelson Meadow Ln			Amount of Each Receipt this Period 20.00	
City Greensboro	State NC	Zip Code 27406	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 680.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area VP Clinical Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Raney, Michael, , ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2023 Transaction ID : SA11AI.33118	
Mailing Address 8105 Grand Harbour CT			Amount of Each Receipt this Period 28.00	
City Wilmington	State NC	Zip Code 28411	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 868.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Raney, Michael, , ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2023 Transaction ID : SA11AI.33270	
Mailing Address 8105 Grand Harbour CT			Amount of Each Receipt this Period 28.00	
City Wilmington	State NC	Zip Code 28411	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 896.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
SUBTOTAL of Receipts This Page (optional).....▶			76.00	
TOTAL This Period (last page this line number only).....▶				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 71
(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. Raney, Michael, , ,

Mailing Address 8105 Grand Harbour CT

City
WilmingtonState
NCZip Code
28411FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33423

Amount of Each Receipt this Period

28.00

☐ Memo Item

Payroll Deduction

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

B. Raney, Michael, , ,

Mailing Address 8105 Grand Harbour CT

City
WilmingtonState
NCZip Code
28411FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

952.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33575

Amount of Each Receipt this Period

28.00

☐ Memo Item

Payroll Deduction

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

C. Rawlings, Thomas, L, ,

Mailing Address 1835 Midsummer Lane

City
JarrettsvilleState
MDZip Code
21084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (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
08 / 04 / 2023

Transaction ID : SA11AI.33117

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

66.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Rawlings, Thomas, L, ,

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 ▼

320.00

Date of Receipt

08 / 11 / 2023

Transaction ID : SA11AI.33269

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Rawlings, Thomas, L, ,

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 ▼

330.00

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33422

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Rawlings, Thomas, L, ,

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 ▼

340.00

Date of Receipt

08 / 25 / 2023

Transaction ID : SA11AI.33574

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 71
(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. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City
EppingState
NHZip Code
03042FEC 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 ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 04 / 2023

Transaction ID : SA11AI.33100

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction

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

B. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City
EppingState
NHZip Code
03042FEC 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33252

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction

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

C. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City
EppingState
NHZip Code
03042FEC 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 ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33405

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 71
(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. Riddle, Laura, J, ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 25 / 2023 Transaction ID : SA11AI.33557	
Mailing Address 39 Blake Rd.			Amount of Each Receipt this Period 25.00	
City Epping	State NH	Zip Code 03042	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 850.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rider, Steven, M, ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2023 Transaction ID : SA11AI.33103	
Mailing Address 532 Sandpiper Circle			Amount of Each Receipt this Period 10.00	
City Nashville	State TN	Zip Code 37221	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 310.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rider, Steven, M, ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2023 Transaction ID : SA11AI.33255	
Mailing Address 532 Sandpiper Circle			Amount of Each Receipt this Period 10.00	
City Nashville	State TN	Zip Code 37221	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 320.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....▶			45.00	
TOTAL This Period (last page this line number only).....▶				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 71
(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. Rider, Steven, M, ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2023 Transaction ID : SA11AI.33408	
Mailing Address 532 Sandpiper Circle			Amount of Each Receipt this Period 10.00	
City Nashville	State TN	Zip Code 37221	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 330.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rider, Steven, M, ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 25 / 2023 Transaction ID : SA11AI.33560	
Mailing Address 532 Sandpiper Circle			Amount of Each Receipt this Period 10.00	
City Nashville	State TN	Zip Code 37221	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 340.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Simcox, Nichole, , ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2023 Transaction ID : SA11AI.33153	
Mailing Address 62 Ginger Tree Ct.			Amount of Each Receipt this Period 10.00	
City O'Fallon	State MO	Zip Code 63368	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 310.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area VP Clinical Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....▶			30.00	
TOTAL This Period (last page this line number only).....▶				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 71
(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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33305

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33458

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33610

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

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

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

FOR LINE NUMBER: PAGE 55 OF 71
 (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. Sipes, Christopher, , ,

Mailing Address 9016 Sunni Shade Ct

City
Perry Hall

State
MD

Zip Code
21128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

08 / 04 / 2023

Transaction ID : SA11AI.33116

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

B. Sipes, Christopher, , ,

Mailing Address 9016 Sunni Shade Ct

City
Perry Hall

State
MD

Zip Code
21128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

08 / 11 / 2023

Transaction ID : SA11AI.33268

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

C. Sipes, Christopher, , ,

Mailing Address 9016 Sunni Shade Ct

City
Perry Hall

State
MD

Zip Code
21128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

990.00

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33421

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 71
(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. 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)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33573

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

B. 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 IncOccupation (for Individual)
Director of Business Ops

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
08 / 04 / 2023

Transaction ID : SA11AI.33128

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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 IncOccupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33280

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 71
(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. 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 IncOccupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33433

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. 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 IncOccupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33585

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Stickles, Jeremy, D, ,

Mailing Address 8169 Lyman Ct

City
MechanicsvilleState
VAZip Code
23116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (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
08 / 04 / 2023

Transaction ID : SA11AI.33122

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 71

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Stickles, Jeremy, D, ,

Mailing Address 8169 Lyman Ct

City
MechanicsvilleState
VAZip Code
23116FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33274

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Stickles, Jeremy, D, ,

Mailing Address 8169 Lyman Ct

City
MechanicsvilleState
VAZip Code
23116FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33427

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Stickles, Jeremy, D, ,

Mailing Address 8169 Lyman Ct

City
MechanicsvilleState
VAZip Code
23116FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33579

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 71
(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. Stover, Regina, , ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2023 Transaction ID : SA11AI.33139	
Mailing Address 3400 Hemphill Road			Amount of Each Receipt this Period 10.00	
City Norton	State OH	Zip Code 44203	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 310.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area VP Clinical Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stover, Regina, , ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2023 Transaction ID : SA11AI.33291	
Mailing Address 3400 Hemphill Road			Amount of Each Receipt this Period 10.00	
City Norton	State OH	Zip Code 44203	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 320.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area VP Clinical Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Stover, Regina, , ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2023 Transaction ID : SA11AI.33444	
Mailing Address 3400 Hemphill Road			Amount of Each Receipt this Period 10.00	
City Norton	State OH	Zip Code 44203	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 330.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area VP Clinical Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....▶			30.00	
TOTAL This Period (last page this line number only).....▶				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 71
(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. Stover, Regina, , ,

Mailing Address 3400 Hemphill Road

City
NortonState
OHZip Code
44203FEC 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 ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33596

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Taggart, Robert, D, ,

Mailing Address 485 Snowmass Ct

City
RenoState
NVZip Code
89511FEC 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 ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2023

Transaction ID : SA11AI.33188

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Taggart, Robert, D, ,

Mailing Address 485 Snowmass Ct

City
RenoState
NVZip Code
89511FEC 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 ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33340

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

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

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

FOR LINE NUMBER: PAGE 61 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Taggart, Robert, D, ,

Mailing Address 485 Snowmass Ct

City
Reno

State
NV

Zip Code
89511

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 ▼

230.00

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33493

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Taggart, Robert, D, ,

Mailing Address 485 Snowmass Ct

City
Reno

State
NV

Zip Code
89511

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 ▼

240.00

Date of Receipt

08 / 25 / 2023

Transaction ID : SA11AI.33645

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Vander Veer, Sean, , ,

Mailing Address 1573 Sweet Clover Park

City
Lexington

State
KY

Zip Code
40509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

08 / 04 / 2023

Transaction ID : SA11AI.33231

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 71
(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. Vander Veer, Sean, , ,

Mailing Address 1573 Sweet Clover Park

City
LexingtonState
KYZip Code
40509FEC 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33382

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Vander Veer, Sean, , ,

Mailing Address 1573 Sweet Clover Park

City
LexingtonState
KYZip Code
40509FEC 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33535

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Vander Veer, Sean, , ,

Mailing Address 1573 Sweet Clover Park

City
LexingtonState
KYZip Code
40509FEC 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33687

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Wasser, Ryan, , ,

Mailing Address 311 Montrose Avenue

City
Catonsville

State
MD

Zip Code
21228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

08 / 04 / 2023

Transaction ID : SA11AI.33105

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Wasser, Ryan, , ,

Mailing Address 311 Montrose Avenue

City
Catonsville

State
MD

Zip Code
21228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 11 / 2023

Transaction ID : SA11AI.33257

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Wasser, Ryan, , ,

Mailing Address 311 Montrose Avenue

City
Catonsville

State
MD

Zip Code
21228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33410

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 71
(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. Wasser, Ryan, , ,

Mailing Address 311 Montrose Avenue

City
CatonsvilleState
MDZip Code
21228FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33562

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Whitehead, Erin, , ,Mailing Address 2159 North Fayetteville St.
Unit 13ACity
AsheboroState
NCZip Code
27203FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2023

Transaction ID : SA11AI.33216

Amount of Each Receipt this Period

7.00

☐ Memo Item

Payroll Deduction

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

C. Whitehead, Erin, , ,Mailing Address 2159 North Fayetteville St.
Unit 13ACity
AsheboroState
NCZip Code
27203FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33367

Amount of Each Receipt this Period

7.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

24.00

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

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

FOR LINE NUMBER: PAGE 65 OF 71
(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. Whitehead, Erin, , ,

Mailing Address 2159 North Fayetteville St.
Unit 13A

City
Asheboro

State
NC

Zip Code
27203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

08 / 18 / 2023

Transaction ID : SA11AI.33520

Amount of Each Receipt this Period

7.00

☐ Memo Item

Payroll Deduction

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

B. Whitehead, Erin, , ,

Mailing Address 2159 North Fayetteville St.
Unit 13A

City
Asheboro

State
NC

Zip Code
27203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

08 / 25 / 2023

Transaction ID : SA11AI.33672

Amount of Each Receipt this Period

7.00

☐ Memo Item

Payroll Deduction

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

C. 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

08 / 04 / 2023

Transaction ID : SA11AI.33130

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

24.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 66 OF 71
(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. Whiting, Evan, D, ,

Mailing Address 1469 Bridle Creek Blvd

City
Virginia BeachState
VAZip Code
23464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.33282

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Whiting, Evan, D, ,

Mailing Address 1469 Bridle Creek Blvd

City
Virginia BeachState
VAZip Code
23464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2023

Transaction ID : SA11AI.33435

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Whiting, Evan, D, ,

Mailing Address 1469 Bridle Creek Blvd

City
Virginia BeachState
VAZip Code
23464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.33587

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

2423.36

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BARBARA LEE FOR U.S. SENATE

Mailing Address PO BOX 6787

City
OAKLANDState
CAZip Code
94603

Purpose of Disbursement

Political Contribution

Candidate Name

LEE, BARBARA, , ,

Office Sought:

<input type="checkbox"/>	House
<input checked="" type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: CA

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	6		2	0	2	3		

FEC Identification Number

C C00833608**Transaction ID : SB23.33717**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bird for Colorado

Mailing Address P.O. Box 350753

City
WestminsterState
COZip Code
80035

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3	

FEC Identification Number

C**Transaction ID : SB29.33730**

Amount of Each Disbursement this Period

450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bridges for Colorado

Mailing Address 7600 Landmark Way #805

City
Greenwood VillageState
COZip Code
80111

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3	

FEC Identification Number

C**Transaction ID : SB29.33732**

Amount of Each Disbursement this Period

450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Campaign Committee to Elect Michelle GorelowMailing Address 8545 W Warm Springs Rd.
Suite A-4, Box 107City
Las VegasState
NVZip Code
89113

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3	

FEC Identification Number

C**Transaction ID : SB29.33722**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1900.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Campaign to Elect Rochelle Nguyen

Mailing Address P.O. Box 26025

City
Las VegasState
NVZip Code
89126

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB29.33724

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Alexis Hansen

Mailing Address 68 Amigo Ct.

City
SparksState
NVZip Code
89441

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB29.33728

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Angela Romero

Mailing Address PO Box 25732

City
Salt Lake CityState
UTZip Code
84125

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB29.33714

Amount of Each Disbursement this Period

400.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2400.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT BARBARA KIRKMEYER TO STATE SENATE

Mailing Address 6100 CR 4

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

City
BrightonState
COZip Code
80603

FEC Identification Number

C

Transaction ID : SB29.33734

Amount of Each Disbursement this Period

450.00

☐ Memo Item

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Committee to Elect Nicole Cannizzaro

Mailing Address 361 Soubrette Court

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

City
Las VegasState
NVZip Code
89145

FEC Identification Number

C

Transaction ID : SB29.33720

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Committee to Elect Tracy Brown May

Mailing Address 6406 Sparrow Lane

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

City
Las VegasState
NVZip Code
89103

FEC Identification Number

C

Transaction ID : SB29.33726

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2450.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Committee to Re-Elect Ray Ward

Mailing Address 954 E. Millbrook Way

City
BountifulState
UTZip Code
84010

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB29.33712

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rachel for Colorado

Mailing Address 200 E. Colfax Avenue

City
DenverState
COZip Code
80201

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB29.33736

Amount of Each Disbursement this Period

450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Committee to Elect Casey Snider

Mailing Address P.O. Box 450

City
ParadiseState
UTZip Code
84328

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB29.33708

Amount of Each Disbursement this Period

750.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1950.00

8700.00