

**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 / D D / Y Y Y Y Y Y

D D / D D / Y Y Y Y Y Y

Y Y Y Y Y Y / Y Y Y Y Y Y

in the  
State of

C

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

General (30G)



Runoff (30R)



Special (30S)

Election on

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

D D / D D / Y Y Y Y Y Y

Y Y Y Y Y Y / Y Y Y Y Y Y

in the  
State of

C

5. Covering Period

M M / D D / Y Y Y Y Y Y  
06 01 2023

through

M M / D D / Y Y Y Y Y Y  
06 30 2023

D D / D D / Y Y Y Y Y Y

Y Y Y Y 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.

Campbell, Tara, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Campbell, Tara, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
07 19 2023

D D / D D / Y Y Y Y Y Y

Y Y Y Y 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 Y  
06 / 01 / 2023 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2023</span>		<span style="border: 1px solid black; padding: 2px;">109164.45</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">113331.59</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">5626.70</span>	<span style="border: 1px solid black; padding: 2px;">27993.84</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">118958.29</span>	<span style="border: 1px solid black; padding: 2px;">137158.29</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">2500.00</span>	<span style="border: 1px solid black; padding: 2px;">20700.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">116458.29</span>	<span style="border: 1px solid black; padding: 2px;">116458.29</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

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

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).....	2786.70	8556.30
(ii) Unitemized .....	2840.00	19437.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5626.70	27993.84
(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) .....	5626.70	27993.84
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)) .....	5626.70	27993.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5626.70	27993.84

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2500.00	19200.00
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)) ..	2500.00	20700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	20700.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5626.70	27993.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5626.70	27993.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 74

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Alvarez, Heather, L, ,**

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
06 / 02 / 2023

**Transaction ID : SA11AI.31616**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. Alvarez, Heather, L, ,**

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY  
06 / 09 / 2023

**Transaction ID : SA11AI.31617**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. Alvarez, Heather, L, ,**

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 16 / 2023

**Transaction ID : SA11AI.31618**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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 7 OF 74  
(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. Alvarez, Heather, L, ,**

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2023

**Transaction ID : SA11AI.31619**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. Alvarez, Heather, L, ,**

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2023

**Transaction ID : SA11AI.31620**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. Andrews, Haven, , ,**

Mailing Address 21 Harrisecket Rd

City

Kennebunk

State

ME

Zip Code

04043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2023

**Transaction ID : SA11AI.31626**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 74

<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. 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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.31627

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.31628

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.31629

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 PageFOR LINE NUMBER: PAGE 9 OF 74  
(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. 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.31630

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.31656

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.31657

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 10 OF 74

(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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.31658

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.31659

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.31660

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 11 OF 74  
(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. 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 ▼

220.00

Date of Receipt

MM / DD / YYYY  
06 / 02 / 2023

**Transaction ID : SA11AI.31701**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

230.00

Date of Receipt

MM / DD / YYYY  
06 / 09 / 2023

**Transaction ID : SA11AI.31702**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 16 / 2023

**Transaction ID : SA11AI.31703**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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:  
(check only one)

PAGE 12 OF 74

☒ 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'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 ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2023

**Transaction ID : SA11AI.31704**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2023

**Transaction ID : SA11AI.31705**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. 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 ▼

330.00

Date of Receipt

MM / DD / YYYY  
06 / 02 / 2023

**Transaction ID : SA11AI.31721**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Description

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

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

35.00

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

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

FOR LINE NUMBER: PAGE 13 OF 74

(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 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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.31722

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Description

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.31723

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Description

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.31724

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Description

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:  
(check only one)

PAGE 14 OF 74

☒ 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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.31725

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Description

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

B. 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.31736

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.31737

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

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

35.00

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

PAGE 15 OF 74

<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. 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.31738

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. Burke, Steven, L, ,**

Mailing Address 701 W Hampton Ave

City

Loves Park

State

IL

Zip Code

61111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.31739

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.31740

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 74

<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			

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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 &amp; Org Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.31756

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. 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 &amp; Org Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.31757

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. 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 &amp; Org Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.31758

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 74

<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			

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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 &amp; Org Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.31759

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. 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 &amp; Org Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.31760

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.31771

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 18 OF 74

(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 <b>A. Ceron, Kelly, N, ,</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 09 / 2023 <b>Transaction ID : SA11AI.31772</b>	
Mailing Address 15735 Arabian Way		Amount of Each Receipt this Period 10.00	
City Montverde	State FL	Zip Code 34756	<input type="checkbox"/> Memo Item Payroll Description
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ceron, Kelly, N, ,</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2023 <b>Transaction ID : SA11AI.31773</b>	
Mailing Address 15735 Arabian Way		Amount of Each Receipt this Period 10.00	
City Montverde	State FL	Zip Code 34756	<input type="checkbox"/> Memo Item Payroll Description
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Ceron, Kelly, N, ,</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 23 / 2023 <b>Transaction ID : SA11AI.31774</b>	
Mailing Address 15735 Arabian Way		Amount of Each Receipt this Period 10.00	
City Montverde	State FL	Zip Code 34756	<input type="checkbox"/> Memo Item Payroll Description
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶		30.00	
<b>TOTAL</b> 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 74

<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 <b>A. Ceron, Kelly, N, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2023 <b>Transaction ID : SA11AI.31775</b>	
Mailing Address 15735 Arabian Way			Amount of Each Receipt this Period 10.00	
City Montverde	State FL	Zip Code 34756	Memo Item Payroll Description	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 260.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Regional VP of Clinical Ops		
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>B. Charles, Veronica, Lee, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2023 <b>Transaction ID : SA11AI.31781</b>	
Mailing Address 1232 Florida Ave NE			Amount of Each Receipt this Period 10.00	
City Washington	State DC	Zip Code 20002	Memo Item Payroll Description	
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) Sr Dir of Fed and State Affair		
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>C. Charles, Veronica, Lee, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2023 <b>Transaction ID : SA11AI.31782</b>	
Mailing Address 1232 Florida Ave NE			Amount of Each Receipt this Period 10.00	
City Washington	State DC	Zip Code 20002	Memo Item Payroll Description	
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) Sr Dir of Fed and State Affair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			30.00	
<b>TOTAL</b> 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 PageFOR LINE NUMBER: PAGE 20 OF 74  
(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. 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 Inc

Occupation (for Individual)

Sr Dir of Fed and State Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.31783

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 Inc

Occupation (for Individual)

Sr Dir of Fed and State Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.31784

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 Inc

Occupation (for Individual)

Sr Dir of Fed and State Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.31785

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 74

<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. Cisneros, Anthony, Joseph, ,**

Mailing Address 8626 Napa Landing

City

Boerne

State

TX

Zip Code

78015

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.31791

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. Cisneros, Anthony, Joseph, ,**

Mailing Address 8626 Napa Landing

City

Boerne

State

TX

Zip Code

78015

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

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.31792

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. Cisneros, Anthony, Joseph, ,**

Mailing Address 8626 Napa Landing

City

Boerne

State

TX

Zip Code

78015

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

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.31793

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 22 OF 74  
(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. Cisneros, Anthony, Joseph, ,**

Mailing Address 8626 Napa Landing

City  
Boerne

State  
TX

Zip Code  
78015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2023

Transaction ID : SA11AI.31794

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. Cisneros, Anthony, Joseph, ,**

Mailing Address 8626 Napa Landing

City  
Boerne

State  
TX

Zip Code  
78015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2023

Transaction ID : SA11AI.31795

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. 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 ▼

220.00

Date of Receipt

06 / 02 / 2023

Transaction ID : SA11AI.31801

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 74

<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. 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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.31802

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.31803

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.31804

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 74

<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. 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.31805

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. Crown, 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.31811

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. Crown, 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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.31812

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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 25 OF 74  
(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. 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 ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 16 / 2023

Transaction ID : SA11AI.31813

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. 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 ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2023

Transaction ID : SA11AI.31814

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2023

Transaction ID : SA11AI.31815

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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:  
(check only one)

PAGE 26 OF 74

☒ 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  
Edwards

State  
CO

Zip Code  
81632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

**Transaction ID : SA11AI.31831**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

**B. DePriest, Jarrod, , ,**

Mailing Address 51 Miller Place x2807

City  
Edwards

State  
CO

Zip Code  
81632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

**Transaction ID : SA11AI.31832**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

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

Mailing Address 51 Miller Place x2807

City  
Edwards

State  
CO

Zip Code  
81632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

**Transaction ID : SA11AI.31833**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

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

90.00

# **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 74  
(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  
Edwards

State  
CO

Zip Code  
81632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

**Transaction ID : SA11AI.31834**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

**B. DePriest, Jarrod, , ,**

Mailing Address 51 Miller Place x2807

City  
Edwards

State  
CO

Zip Code  
81632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

**Transaction ID : SA11AI.31835**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

**C. 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 ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

**Transaction ID : SA11AI.31836**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

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

90.00

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

PAGE 28 OF 74

<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  
RocklinState  
CAZip Code  
95765FEC 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 ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.31837

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

**B. Diaz, Matthew, M, ,**

Mailing Address 4910 Regal Court

City  
RocklinState  
CAZip Code  
95765FEC 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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.31838

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

**C. Diaz, Matthew, M, ,**

Mailing Address 4910 Regal Court

City  
RocklinState  
CAZip Code  
95765FEC 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.31839

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 29 OF 74

(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. Diaz, Matthew, M, ,**

Mailing Address 4910 Regal Court

City  
RocklinState  
CAZip Code  
95765FEC 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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.31840

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

**B. Foster, Claire, K, ,**

Mailing Address 2707 Columbia Avenue

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.31876

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. Foster, Claire, K, ,**

Mailing Address 2707 Columbia Avenue

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.31877

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

50.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 74

☒ 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, ,**

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 ▼

240.00

Date of Receipt

06 / 16 / 2023

**Transaction ID : SA11AI.31878**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. 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 ▼

250.00

Date of Receipt

06 / 23 / 2023

**Transaction ID : SA11AI.31879**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

260.00

Date of Receipt

06 / 30 / 2023

**Transaction ID : SA11AI.31880**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 74

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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. 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.31901

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.31902

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.31903

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 74

<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. 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.31904

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.31905

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.31912

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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:  
(check only one)

PAGE 33 OF 74

☒ 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. 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

**Transaction ID : SA11AI.31913**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

**Transaction ID : SA11AI.31914**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

**Transaction ID : SA11AI.31965**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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:  
(check only one)

PAGE 34 OF 74

☒ 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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

**Transaction ID : SA11AI.31966**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

**Transaction ID : SA11AI.31967**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

**Transaction ID : SA11AI.31968**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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 PageFOR LINE NUMBER: PAGE 35 OF 74  
(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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.31969

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. Josephson, Adam, , ,**

Mailing Address 5250 Angelina Rd

City

Oceanside

State

CA

Zip Code

92056

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.31985

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. Josephson, Adam, , ,**

Mailing Address 5250 Angelina Rd

City

Oceanside

State

CA

Zip Code

92056

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

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.31986

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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:  
(check only one)

PAGE 36 OF 74

☒ 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  
Oceanside

State  
CA

Zip Code  
92056

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

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

**Transaction ID : SA11AI.31987**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. Josephson, Adam, , ,**

Mailing Address 5250 Angelina Rd

City  
Oceanside

State  
CA

Zip Code  
92056

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

**Transaction ID : SA11AI.31988**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. Josephson, Adam, , ,**

Mailing Address 5250 Angelina Rd

City  
Oceanside

State  
CA

Zip Code  
92056

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

**Transaction ID : SA11AI.31989**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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:  
(check only one)

PAGE 37 OF 74

☒ 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. Lanier, Laura, K, ,**

Mailing Address 650 Heartwood Dr.

City  
Winnabow

State  
NC

Zip Code  
28479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
CNO & SVP Clini OP and Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

**Transaction ID : SA11AI.32020**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

**B. Lanier, Laura, K, ,**

Mailing Address 650 Heartwood Dr.

City  
Winnabow

State  
NC

Zip Code  
28479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
CNO & SVP Clini OP and Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

**Transaction ID : SA11AI.32021**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

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

Mailing Address 650 Heartwood Dr.

City  
Winnabow

State  
NC

Zip Code  
28479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
CNO & SVP Clini OP and Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

**Transaction ID : SA11AI.32022**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

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

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 74  
(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 <b>A. Lanier, Laura, K, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 23 / 2023 <b>Transaction ID : SA11AI.32023</b>	
Mailing Address 650 Heartwood Dr.			Amount of Each Receipt this Period 30.00	
City Winnabow	State NC	Zip Code 28479	Memo Item Payroll Description	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 750.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) CNO & SVP Clini OP and Quality		
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>B. Lanier, Laura, K, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2023 <b>Transaction ID : SA11AI.32024</b>	
Mailing Address 650 Heartwood Dr.			Amount of Each Receipt this Period 30.00	
City Winnabow	State NC	Zip Code 28479	Memo Item Payroll Description	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 780.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) CNO & SVP Clini OP and Quality		
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>C. Martin-Greene, Drake, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2023 <b>Transaction ID : SA11AI.32060</b>	
Mailing Address 3035 Berkeley Ave			Amount of Each Receipt this Period 10.00	
City Lake Tahoe	State CA	Zip Code 96150	Memo Item Payroll Description	
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) Regional Director-Business Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....			70.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 74

☒ 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 Tahoe

State

CA

Zip Code

96150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

**Transaction ID : SA11AI.32061**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. Martin-Greene, Drake, , ,**

Mailing Address 3035 Berkeley Ave

City

Lake Tahoe

State

CA

Zip Code

96150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

**Transaction ID : SA11AI.32062**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. Martin-Greene, Drake, , ,**

Mailing Address 3035 Berkeley Ave

City

Lake Tahoe

State

CA

Zip Code

96150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

**Transaction ID : SA11AI.32063**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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 40 OF 74  
(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 Tahoe

State

CA

Zip Code

96150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2023

Transaction ID : SA11AI.32064

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

B. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City

Glenshaw

State

PA

Zip Code

15116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
06 / 02 / 2023

Transaction ID : SA11AI.32055

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

C. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City

Glenshaw

State

PA

Zip Code

15116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY  
06 / 09 / 2023

Transaction ID : SA11AI.32056

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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:  
(check only one)

PAGE 41 OF 74

☒ 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. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City  
Glenshaw

State  
PA

Zip Code  
15116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 16 / 2023

Transaction ID : SA11AI.32057

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

B. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City  
Glenshaw

State  
PA

Zip Code  
15116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2023

Transaction ID : SA11AI.32058

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

C. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City  
Glenshaw

State  
PA

Zip Code  
15116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2023

Transaction ID : SA11AI.32059

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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:  
(check only one)

PAGE 42 OF 74

☒ 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 ▼

220.00

Date of Receipt

06 / 02 / 2023

Transaction ID : SA11AI.32065

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

230.00

Date of Receipt

06 / 09 / 2023

Transaction ID : SA11AI.32066

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

240.00

Date of Receipt

06 / 16 / 2023

Transaction ID : SA11AI.32067

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 74

<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. 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.32068

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.32069

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. Melone, Lisa, M, ,**

Mailing Address 6643 Applewood Blvd

City  
BoardmanState  
OHZip Code  
44512FEC 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.32091

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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 44 OF 74  
(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 ▼

230.00

Date of Receipt

06 / 09 / 2023

**Transaction ID : SA11AI.32092**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

240.00

Date of Receipt

06 / 16 / 2023

**Transaction ID : SA11AI.32093**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

250.00

Date of Receipt

06 / 23 / 2023

**Transaction ID : SA11AI.32094**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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:  
(check only one)

PAGE 45 OF 74

☒ 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 ▼

260.00

Date of Receipt

06 / 30 / 2023

Transaction ID : SA11AI.32095

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

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

Mailing Address 213 St Dunstons Road

City

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

SVP - Chief Compliance Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.48

Date of Receipt

06 / 02 / 2023

Transaction ID : SA11AI.32096

Amount of Each Receipt this Period

28.84

☐ Memo Item

Payroll Description

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

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

Mailing Address 213 St Dunstons Road

City

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

SVP - Chief Compliance Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

663.32

Date of Receipt

06 / 09 / 2023

Transaction ID : SA11AI.32097

Amount of Each Receipt this Period

28.84

☐ Memo Item

Payroll Description

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

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

67.68

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

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

FOR LINE NUMBER: PAGE 46 OF 74

(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. 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 IncOccupation (for Individual)  
SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.16

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.32098

Amount of Each Receipt this Period

28.84

☐ Memo Item

Payroll Description

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 IncOccupation (for Individual)  
SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.32099

Amount of Each Receipt this Period

28.84

☐ Memo Item

Payroll Description

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

**C. 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 IncOccupation (for Individual)  
SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

749.84

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.32100

Amount of Each Receipt this Period

28.84

☐ Memo Item

Payroll Description

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

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

86.52

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 74  
(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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.32111

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.32112

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.32113

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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:  
(check only one)

PAGE 48 OF 74

☒ 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  
Franklin

State  
TN

Zip Code  
37067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

**Transaction ID : SA11AI.32114**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. Nichols, James, , ,**

Mailing Address 296 Dandridge Dr.

City  
Franklin

State  
TN

Zip Code  
37067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

**Transaction ID : SA11AI.32115**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

**Transaction ID : SA11AI.32137**

Amount of Each Receipt this Period

9.50

☐ Memo Item

Payroll Description

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

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

29.50



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 74

☒ 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. 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 ▼

218.50

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

**Transaction ID : SA11AI.32138**

Amount of Each Receipt this Period

9.50

☐ Memo Item

Payroll Description

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 ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

**Transaction ID : SA11AI.32139**

Amount of Each Receipt this Period

9.50

☐ Memo Item

Payroll Description

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 ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

**Transaction ID : SA11AI.32140**

Amount of Each Receipt this Period

9.50

☐ Memo Item

Payroll Description

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

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

28.50

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

PAGE 50 OF 74

<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			

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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  
SalemState  
VAZip Code  
24153FEC 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 ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.32141

Amount of Each Receipt this Period

9.50

☐ Memo Item

Payroll Description

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

**B. 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 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  
06 / 02 / 2023

Transaction ID : SA11AI.32147

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Description

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 IncOccupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.32148

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Description

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

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

39.50

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

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

FOR LINE NUMBER: PAGE 51 OF 74  
(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. Phipps, Laurie, M, ,**

Mailing Address 1110 Cloverfield

City  
Leland

State  
NC

Zip Code  
28451

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 16 / 2023

Transaction ID : SA11AI.32149

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Description

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

**B. Phipps, Laurie, M, ,**

Mailing Address 1110 Cloverfield

City  
Leland

State  
NC

Zip Code  
28451

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 23 / 2023

Transaction ID : SA11AI.32150

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Description

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

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

Mailing Address 1110 Cloverfield

City  
Leland

State  
NC

Zip Code  
28451

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 30 / 2023

Transaction ID : SA11AI.32151

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Description

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 52 OF 74  
(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. 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

**Transaction ID : SA11AI.32152**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Description

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 ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

**Transaction ID : SA11AI.32153**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Description

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

**Transaction ID : SA11AI.32154**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Description

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

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

60.00

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

PAGE 53 OF 74

<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 <b>A. Plaine, Marsha, C, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 23 / 2023 <b>Transaction ID : SA11AI.32155</b>	
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 Description	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00		
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>B. Plaine, Marsha, C, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2023 <b>Transaction ID : SA11AI.32156</b>	
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 Description	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 520.00		
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>C. Raney, Michael, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2023 <b>Transaction ID : SA11AI.32167</b>	
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 Description	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 616.00		
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)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			68.00	
<b>TOTAL</b> This Period (last page this line number only).....▶				

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 74

☒ 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  
Wilmington

State  
NC

Zip Code  
28411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

644.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

**Transaction ID : SA11AI.32168**

Amount of Each Receipt this Period

28.00

☐ Memo Item

Payroll Description

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

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

Mailing Address 8105 Grand Harbour CT

City  
Wilmington

State  
NC

Zip Code  
28411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

**Transaction ID : SA11AI.32169**

Amount of Each Receipt this Period

28.00

☐ Memo Item

Payroll Description

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

**C. Raney, Michael, , ,**

Mailing Address 8105 Grand Harbour CT

City  
Wilmington

State  
NC

Zip Code  
28411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

**Transaction ID : SA11AI.32170**

Amount of Each Receipt this Period

28.00

☐ Memo Item

Payroll Description

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

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

84.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 OF 74

☒ 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  
Wilmington

State  
NC

Zip Code  
28411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

**Transaction ID : SA11AI.32171**

Amount of Each Receipt this Period

28.00

☐ Memo Item

Payroll Description

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

**Transaction ID : SA11AI.32172**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

**Transaction ID : SA11AI.32173**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

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

48.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 OF 74

☒ 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. 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 ▼

240.00

Date of Receipt

06 / 16 / 2023

Transaction ID : SA11AI.32174

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

250.00

Date of Receipt

06 / 23 / 2023

Transaction ID : SA11AI.32175

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

260.00

Date of Receipt

06 / 30 / 2023

Transaction ID : SA11AI.32176

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 PageFOR LINE NUMBER: PAGE 57 OF 74  
(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 <b>A. Riddle, Laura, J, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2023 <b>Transaction ID : SA11AI.32192</b>	
Mailing Address 39 Blake Rd.			Amount of Each Receipt this Period 25.00	
City Epping	State NH	Zip Code 03042	Memo Item Payroll Description	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 550.00		
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>B. Riddle, Laura, J, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 09 / 2023 <b>Transaction ID : SA11AI.32193</b>	
Mailing Address 39 Blake Rd.			Amount of Each Receipt this Period 25.00	
City Epping	State NH	Zip Code 03042	Memo Item Payroll Description	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 575.00		
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>C. Riddle, Laura, J, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2023 <b>Transaction ID : SA11AI.32194</b>	
Mailing Address 39 Blake Rd.			Amount of Each Receipt this Period 25.00	
City Epping	State NH	Zip Code 03042	Memo Item Payroll Description	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00		
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)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			75.00	
<b>TOTAL</b> 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 58 OF 74  
(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. Riddle, Laura, J, ,**

Mailing Address 39 Blake Rd.

City  
Epping

State  
NH

Zip Code  
03042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

06 / 23 / 2023

Transaction ID : SA11AI.32195

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Description

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

**B. Riddle, Laura, J, ,**

Mailing Address 39 Blake Rd.

City  
Epping

State  
NH

Zip Code  
03042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2023

Transaction ID : SA11AI.32196

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Description

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

**C. Rider, Steven, M, ,**

Mailing Address 532 Sandpiper Circle

City  
Nashville

State  
TN

Zip Code  
37221

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 ▼

220.00

Date of Receipt

06 / 02 / 2023

Transaction ID : SA11AI.32197

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 59 OF 74

(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. Rider, Steven, M, ,

Mailing Address 532 Sandpiper Circle

City  
NashvilleState  
TNZip Code  
37221FEC 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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.32198

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

B. Rider, Steven, M, ,

Mailing Address 532 Sandpiper Circle

City  
NashvilleState  
TNZip Code  
37221FEC 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.32199

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

C. Rider, Steven, M, ,

Mailing Address 532 Sandpiper Circle

City  
NashvilleState  
TNZip Code  
37221FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.32200

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 60 OF 74  
(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. Rider, Steven, M, ,**

Mailing Address 532 Sandpiper Circle

City  
Nashville

State  
TN

Zip Code  
37221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.32201

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. Simcox, Nichole, , ,**

Mailing Address 62 Ginger Tree Ct.

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 VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.32242

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. Simcox, Nichole, , ,**

Mailing Address 62 Ginger Tree Ct.

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 VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.32243

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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 PageFOR LINE NUMBER: PAGE 61 OF 74  
(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 <b>A. Simcox, Nichole, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2023 <b>Transaction ID : SA11AI.32244</b>	
Mailing Address 62 Ginger Tree Ct.			Amount of Each Receipt this Period 10.00	
City O'Fallon	State MO	Zip Code 63368	Memo Item Payroll Description	
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) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Simcox, Nichole, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2023 <b>Transaction ID : SA11AI.32245</b>	
Mailing Address 62 Ginger Tree Ct.			Amount of Each Receipt this Period 10.00	
City O'Fallon	State MO	Zip Code 63368	Memo Item Payroll Description	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00		
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>C. Simcox, Nichole, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2023 <b>Transaction ID : SA11AI.32246</b>	
Mailing Address 62 Ginger Tree Ct.			Amount of Each Receipt this Period 10.00	
City O'Fallon	State MO	Zip Code 63368	Memo Item Payroll Description	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 260.00		
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)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			30.00	
<b>TOTAL</b> 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 74

<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. 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 ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.32252

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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 ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.32253

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.32254

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 74

<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. 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.32255

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.32256

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Description

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

**C. Stewart, Philip, , ,**

Mailing Address 2194 SW 25th Terrace

City

Miami

State

FL

Zip Code

33133

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.32282

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

70.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 74

<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. 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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.32283

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.32284

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.32285

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 74

<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			

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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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.32286

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. Stickles, Jeremy, D, ,**

Mailing Address 8169 Lyman Ct

City

Mechanicsville

State

VA

Zip Code

23116

FEC 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 / D D / Y Y Y Y Y  
06 / 02 / 2023

Transaction ID : SA11AI.32287

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. Stickles, Jeremy, D, ,**

Mailing Address 8169 Lyman Ct

City

Mechanicsville

State

VA

Zip Code

23116

FEC 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 / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA11AI.32288

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 74

<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			

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NAME OF COMMITTEE (In Full)

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

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

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

Mailing Address 8169 Lyman Ct

City

Mechanicsville

State

VA

Zip Code

23116

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA11AI.32289

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**B. Stickles, Jeremy, D, ,**

Mailing Address 8169 Lyman Ct

City

Mechanicsville

State

VA

Zip Code

23116

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023

Transaction ID : SA11AI.32290

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. Stickles, Jeremy, D, ,**

Mailing Address 8169 Lyman Ct

City

Mechanicsville

State

VA

Zip Code

23116

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA11AI.32291

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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:  
(check only one)

PAGE 67 OF 74

☒ 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  
Norton

State  
OH

Zip Code  
44203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2023

**Transaction ID : SA11AI.32297**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

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

Mailing Address 3400 Hemphill Road

City  
Norton

State  
OH

Zip Code  
44203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

**Transaction ID : SA11AI.32298**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C. Stover, Regina, , ,**

Mailing Address 3400 Hemphill Road

City  
Norton

State  
OH

Zip Code  
44203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

**Transaction ID : SA11AI.32299**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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 PageFOR LINE NUMBER: PAGE 68 OF 74  
(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 <b>A. Stover, Regina, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 23 / 2023 <b>Transaction ID : SA11AI.32300</b>	
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 Description	
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		Aggregate Year-to-Date ▼ 250.00		
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>B. Stover, Regina, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2023 <b>Transaction ID : SA11AI.32301</b>	
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 Description	
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		Aggregate Year-to-Date ▼ 260.00		
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>C. Vander Veer, Sean, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2023 <b>Transaction ID : SA11AI.32326</b>	
Mailing Address 1573 Sweet Clover Park			Amount of Each Receipt this Period 10.00	
City Lexington	State KY	Zip Code 40509	<input type="checkbox"/> Memo Item Payroll Description	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Maxim Healthcare Services Inc				
Occupation (for Individual) Operations Manager		Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			30.00	
<b>TOTAL</b> This Period (last page this line number only).....▶				

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 69 OF 74

☒ 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  
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 ▼

230.00

Date of Receipt

06 / 09 / 2023

Transaction ID : SA11AI.32327

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

B. 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 ▼

240.00

Date of Receipt

06 / 16 / 2023

Transaction ID : SA11AI.32328

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

250.00

Date of Receipt

06 / 23 / 2023

Transaction ID : SA11AI.32329

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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:  
(check only one)

PAGE 70 OF 74

☒ 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  
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 ▼

260.00

Date of Receipt

06 / 30 / 2023

Transaction ID : SA11AI.32330

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

220.00

Date of Receipt

06 / 02 / 2023

Transaction ID : SA11AI.32336

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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 ▼

230.00

Date of Receipt

06 / 09 / 2023

Transaction ID : SA11AI.32337

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

**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 PageFOR LINE NUMBER: PAGE 71 OF 74  
(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 <b>A. Wasser, Ryan, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2023 <b>Transaction ID : SA11AI.32338</b>	
Mailing Address 311 Montrose Avenue			Amount of Each Receipt this Period 10.00	
City Catonsville	State MD	Zip Code 21228	Memo Item Payroll Description	
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) Vice President - Finance		
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>B. Wasser, Ryan, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 23 / 2023 <b>Transaction ID : SA11AI.32339</b>	
Mailing Address 311 Montrose Avenue			Amount of Each Receipt this Period 10.00	
City Catonsville	State MD	Zip Code 21228	Memo Item Payroll Description	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Vice President - Finance		
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>C. Wasser, Ryan, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2023 <b>Transaction ID : SA11AI.32340</b>	
Mailing Address 311 Montrose Avenue			Amount of Each Receipt this Period 10.00	
City Catonsville	State MD	Zip Code 21228	Memo Item Payroll Description	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 260.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Vice President - Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			30.00	
<b>TOTAL</b> 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 PageFOR LINE NUMBER: PAGE 72 OF 74  
(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 <b>A. Whiting, Evan, D, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2023 <b>Transaction ID : SA11AI.32351</b>	
Mailing Address 1469 Bridle Creek Blvd			Amount of Each Receipt this Period 10.00	
City Virginia Beach	State VA	Zip Code 23464	Memo Item Payroll Description	
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 Business Ops		
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>B. Whiting, Evan, D, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 09 / 2023 <b>Transaction ID : SA11AI.32352</b>	
Mailing Address 1469 Bridle Creek Blvd			Amount of Each Receipt this Period 10.00	
City Virginia Beach	State VA	Zip Code 23464	Memo Item Payroll Description	
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 Business Ops		
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>C. Whiting, Evan, D, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2023 <b>Transaction ID : SA11AI.32353</b>	
Mailing Address 1469 Bridle Creek Blvd			Amount of Each Receipt this Period 10.00	
City Virginia Beach	State VA	Zip Code 23464	Memo Item Payroll Description	
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) Director of Business Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			30.00	
<b>TOTAL</b> This Period (last page this line number only).....▶				



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 73 OF 74

☒ 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 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2023

**Transaction ID : SA11AI.32354**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

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

Mailing Address 1469 Bridle Creek Blvd

City  
Virginia Beach

State  
VA

Zip Code  
23464

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2023

**Transaction ID : SA11AI.32355**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Description

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

20.00

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

2786.70

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

PAGE 74 OF 74

<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

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. Jake Anderegg for Utah**

Mailing Address 788 South 2575 West

City

Lehi

State

UT

Zip Code

84043

Purpose of Disbursement

Non-Federal Political Contribution

011

Category/  
Type

Candidate Name

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	6			0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB29.32382

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

2500.00

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

2500.00