

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street)

7227 Lee Deforest Drive

Check if different
than previously
reported. (ACC)

Columbia

MD

21046

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00558932

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly
Report
Due On:

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

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

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

Election on

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

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

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2021

through

M M M / D D D / Y Y Y Y Y Y
05 31 2021

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

Estes, Kirstyn, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Estes, Kirstyn, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 16 2021

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2021		32806.25
(b) Cash on Hand at Beginning of Reporting Period.....	47458.37	
(c) Total Receipts (from Line 19)	4324.36	37776.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	51782.73	70582.73
7. Total Disbursements (from Line 31).....	- 1000.00	17800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	52782.73	52782.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ 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
05	/	01	/	2021

To:

M M	/	D D	/	Y Y Y Y
05	/	31	/	2021

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).....

3075.36

22934.28

(ii) Unitemized

1249.00

14842.20

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

4324.36

37776.48

(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)

4324.36

37776.48

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))

4324.36

37776.48

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

4324.36

37776.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	- 1000.00	17800.00
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)) ..	- 1000.00	17800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 1000.00	17800.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4324.36	37776.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4324.36	37776.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 22

(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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20124

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Andrews, Haven, , ,

Mailing Address 21 Harrisecket Rd

City

Kennebunk

State

ME

Zip Code

04043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20125

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

C. Apperson, Kevin, D, ,

Mailing Address 2235 Eutaw Place

City

Baltimore

State

MD

Zip Code

21217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20126

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction (\$30 weekly)

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

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

200.00

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 22

(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, I, ,

Mailing Address 315 W Magnolia Ave
Unit 504City
Fort WorthState
TXZip Code
76104FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20127

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Bodmer, Christopher, , ,

Mailing Address 903 Sill Ridge Drive

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20131

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

C. Campion, Michael, J, ,

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 IncOccupation (for Individual)
Director of Divisional Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20139

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

120.00

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 8 OF 22

(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. Carbone, Raymond, A, ,

Mailing Address 367 Berkshire Drive

City
RivaState
MDZip Code
21140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Sr. VP Chief Financial 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
05 / 28 / 2021

Transaction ID : SA11AI.20140

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction (\$30 weekly)

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

B. Carter, Scott, , ,

Mailing Address 2246 Cherokee Drive

City

Westminster

State

MD

Zip Code

21157

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20142

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction (\$25 weekly)

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

C. Ceron, Kelly, N, ,

Mailing Address 15735 Arabian Way

City

Montverde

State

FL

Zip Code

34756

FEC 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
05 / 28 / 2021

Transaction ID : SA11AI.20144

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

260.00

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 9 OF 22

(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. 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20148

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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 Y
05 / 28 / 2021

Transaction ID : SA11AI.20151

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

C. Cupples, Jason, R, ,

Mailing Address 1347 Barcelona Court

City
Byron CenterState
MIZip Code
49315FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20152

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction (\$25 weekly)

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

180.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 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
2807

City
Edwards

State
CO

Zip Code
81632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Sr. VP of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20155

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction (\$30 weekly)

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

B. Diaz, Matthew, M, ,

Mailing Address 4910 Regal Court

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20156

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction (\$30 weekly)

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

C. Drury, Erica, Eisenlauer, ,

Mailing Address 1139 Perkins Way

City

Sacramento

State

CA

Zip Code

95818

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
05 / 28 / 2021

Transaction ID : SA11AI.20158

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

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

280.00

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)

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☒ 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. Fernie, Elizabeth, D, ,

Mailing Address 154 Blackswan Pl

City

The Woodlands

State

TX

Zip Code

77354

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20161

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Foster, Claire, K, ,

Mailing Address 108 Colonial Dr

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 of 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 Y
05 / 28 / 2021

Transaction ID : SA11AI.20163

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

C. Gehman, Robert, K, , Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

SVP. - Continuous Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20167

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction (\$20 weekly)

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

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

160.00

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Gering, Joseph, , ,

Mailing Address 6010 S. Freya St

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20168

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Green, Justin, , ,

Mailing Address 6375 Fairway Cove Dr

City

Port Orange

State

FL

Zip Code

32128

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

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20170

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Hughes, Laura, L, ,

Mailing Address 19914 Gunpowder Road

City

Manchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

VP of Medicare West & Central

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20173

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction (\$30 weekly)

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

410.00

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

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(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. Jesiolkiewicz, Leah, M, ,

Mailing Address 207 Grace Manor Drive

City

Coraopolis

State

PA

Zip Code

15108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Development

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20175

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Jesiolkiewicz, Louis, Carl, ,

Mailing Address 23 Jaycee Drive

City

Pittsburgh

State

PA

Zip Code

15243

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President - Staffing

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20176

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

C. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City

Winnabow

State

NC

Zip Code

28479

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Sr. VP of Clinical Operations

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20181

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction (\$30 weekly)

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

200.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Liberty, Anthony, , ,

Mailing Address 2677 Sugar Pine Run

City
OviedoState
FLZip Code
32765FEC 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 Y
05 / 28 / 2021

Transaction ID : SA11AI.20182

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City
GlenshawState
PAZip Code
15116FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20188

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

C. Martinez, Jadd, A, ,

Mailing Address 488 Printz Rd

City
Arroyo GrandeState
CAZip Code
93420FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20189

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

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

120.00

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

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

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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 ▼

220.00

Date of Receipt

MM / DD / YYYY
05 / 28 / 2021

Transaction ID : SA11AI.20191

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstons Road

City

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

CCO & Sr. VP of Quality, Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.48

Date of Receipt

MM / DD / YYYY
05 / 28 / 2021

Transaction ID : SA11AI.20192

Amount of Each Receipt this Period

115.36

☐ Memo Item

Payroll Deduction (\$28.84 weekly)

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

C. Miller, Natalie, M, ,

Mailing Address 14057 Montecello Dr

City

Cooksville

State

MD

Zip Code

21723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
05 / 28 / 2021

Transaction ID : SA11AI.20193

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

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

195.36

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

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

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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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20195

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Peaslee, Robert, B, ,

Mailing Address 210 Bentwood Ct

City
Salem

State
VA

Zip Code
24153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20199

Amount of Each Receipt this Period

38.00

☐ Memo Item

Payroll Deduction (\$9.50 weekly)

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

C. Phipps, Laurie, , ,

Mailing Address 1110 Cloverfield Ct

City
Leland

State
NC

Zip Code
28451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20200

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction (\$15 weekly)

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

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

138.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Plaine, Marsha, C, ,

Mailing Address 3503 Nelson Meadow Ln

City
Greensboro

State
NC

Zip Code
27406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20201

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction (\$20 weekly)

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

B. Raney, Michael, , ,

Mailing Address 300 Vale Drive

City
Wilmington

State
NC

Zip Code
28411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20203

Amount of Each Receipt this Period

112.00

☐ Memo Item

Payroll Deduction (\$28 weekly)

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

C. Rawlings, Thomas, , ,

Mailing Address 1835 Midsummer Lane

City
Jarrettsville

State
MD

Zip Code
21084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Senior Director of Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20204

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

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

232.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City
EppingState
NHZip Code
03042FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20206

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction (\$25 weekly)

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

B. Rozelle, Christopher, M, ,

Mailing Address 2013 Powers Ferry Rd SE
Apt CCity
MariettaState
GAZip Code
30067FEC 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20210

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

C. Simcox, Nichole, , ,

Mailing Address 62 Ginger Tree Ct.

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20213

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

180.00

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

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

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

A. 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)
Regional VP - Reg 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 Y
05 / 28 / 2021

Transaction ID : SA11AI.20214

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction (\$30 weekly)

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

B. 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 Y
05 / 28 / 2021

Transaction ID : SA11AI.20218

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

C. Stickles, Jeremy, D, ,

Mailing Address 2909 Hanes Ave
#148

City
Richmond

State
VA

Zip Code
23222

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20219

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

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

200.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Stover, Regina, , ,

Mailing Address 3400 Hemphill Road

City
NortonState
OHZip Code
44203FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20221

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Stugelmeyer, Brian, , ,

Mailing Address 2400 65th LN NW

City
OlympiaState
WAZip Code
98502FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20223

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deductions (\$10 weekly)

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

C. Suchocki, Bernard, , ,

Mailing Address 46 Burwood Avenue

City
StamfordState
CTZip Code
06902FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20224

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

120.00

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 21 OF 22

☒ 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20231

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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

B. Wilkinson, Matthew, J, ,

Mailing Address 3097 La Reserve Drive

City
Ponte Vedra Beach

State
FL

Zip Code
32082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2021

Transaction ID : SA11AI.20232

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$10 weekly)

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)..... ►

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

80.00

3075.36

**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 22 OF 22

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Cooper for North CarolinaMailing Address 434 Fayetteville Street
Suite 2020City
RaleighState
NCZip Code
27601Purpose of Disbursement
Voided Non-Federal Political Contribution, Originally Reported on 1/8/2020

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	7		2	0	2	1		

FEC Identification Number

C

Transaction ID : SB29.20240

Amount of Each Disbursement this Period

- 1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

- 1000.00

- 1000.00