

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

Office Use Only

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

12FE4M5

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

ADDRESS (number and street)

7227 Lee Deforest Drive

Check if different  
than previously  
reported. (ACC)

Columbia

MD

21046

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00558932

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Campbell, Tara, , ,

Signature of Treasurer

Campbell, Tara, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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:    02 / 01 / 2024 To:    02 / 29 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="YYYY"/> 2024		<input type="text" value="78167.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="83987.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4334.36"/>	<input type="text" value="8654.72"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="88321.85"/>	<input type="text" value="86821.85"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="0.00"/>	<input type="text" value="- 1500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="88321.85"/>	<input type="text" value="88321.85"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**



**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
02 / 01 / 2024

To:

M M / D D / Y Y Y Y  
02 / 29 / 2024**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).....

325.68

325.68

(ii) Unitemized .....

4008.68

8329.04

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

4334.36

8654.72

(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) .....

4334.36

8654.72

## 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)) .....

4334.36

8654.72

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

4334.36

8654.72



**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	- 500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	- 1000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	- 1500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	- 1500.00



**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) .....	4334.36	8654.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4334.36	8654.72
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 PageFOR LINE NUMBER: PAGE 6 OF 9  
(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. DePriest, Jarrod, , ,**

Mailing Address 51 Miller Place x2807

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2024

Transaction ID : SA11AI.47228

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

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

Mailing Address 51 Miller Place x2807

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2024

Transaction ID : SA11AI.47375

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

**C. 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2024

Transaction ID : SA11AI.47257

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

90.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 9  
(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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2024

Transaction ID : SA11AI.47404

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

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

Mailing Address 650 Heartwood Dr.

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2024

Transaction ID : SA11AI.47222

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

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

Mailing Address 650 Heartwood Dr.

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2024

Transaction ID : SA11AI.47369

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

90.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 9  
(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. Middleton, Deeley, C, ,</b>			Date of Receipt MM / DD / YYYY 02 / 16 / 2024 <b>Transaction ID : SA11AI.47209</b>	
Mailing Address 213 St Dunstans Road			Amount of Each Receipt this Period 28.84	
City Baltimore	State MD	Zip Code 21212	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 201.88		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) SVP - Chief Compliance Officer		
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. Middleton, Deeley, C, ,</b>			Date of Receipt MM / DD / YYYY 02 / 23 / 2024 <b>Transaction ID : SA11AI.47356</b>	
Mailing Address 213 St Dunstans Road			Amount of Each Receipt this Period 28.84	
City Baltimore	State MD	Zip Code 21212	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 230.72		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) SVP - Chief Compliance Officer		
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 MM / DD / YYYY 02 / 23 / 2024 <b>Transaction ID : SA11AI.47362</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 Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 224.00		
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).....▶			85.68	
<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 9 OF 9

<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. Sipes, Christopher, , ,**

Mailing Address 9016 Sunni Shade Ct

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2024

Transaction ID : SA11AI.47213

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

**B. Sipes, Christopher, , ,**

Mailing Address 9016 Sunni Shade Ct

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2024

Transaction ID : SA11AI.47360

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

**C.**

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)..... ►

60.00

325.68