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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
1. NAME OF COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MAXIM HEALTHCARE SI	ERVICES INC POLIT	ICAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)
ADDRESS (number and street)	7227 Lee Deforest Drive		
Check if different than previously reported. (ACC)	Columbia		MD 21046 -
2. FEC IDENTIFICATION NUM	IBER ▼ CITY	(▲	STATE ▲ ZIP CODE ▲
C C00558932	3. IS	THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 2	20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar :	20 (M3) Jun 20 (M6)	(Non-Election Year Only)
April 15 Quarterly Report (Q1)		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE)	Election	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	x General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on 11 / 08 /	in the State of
5. Covering Period 10	20 2022	through 11	/ D D / Y Y Y Y Y Y Z Y Z Z Z Z Z Z Z Z Z Z Z
I certify that I have examined this	Report and to the best of Campbell, Tara, , ,	my knowledge and belief it is t	rue, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer	ell, Tara, , ,	[Electronically Filed]	Date 12 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erroneon	us, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a	Cash on Hand January 1, 2022		84189.77
(b	Cash on Hand at Beginning of Reporting Period	105345.21	
(c)	Total Receipts (from Line 19)	5095.54	41000.98
(d	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	110440.75	125190.75
То	tal Disbursements (from Line 31)	0.00	14750.00
Re	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	110440.75	110440.75
th	ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations Owed BY e Committee (Itemize all on chedule C and/or Schedule D)	0.00	

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)

Write or Type Committee Name

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	4455.04	21852.44
(**) 11 · · · · · · ·	640.50	19048.54
(ii) Unitemized(iii) TOTAL (add	040.30	19040.34
Lines 11(a)(i) and (ii)▶	5095.54	40900.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	5095.54	40900.98
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
L Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7 7	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	,	, ,
to Federal Candidates and Other	0.00	0.00
Political Committees 7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	100.00
B. Transfers from Non-Federal and Levin Funds	0.00	4 4
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Loria Forda (form Oakad In 115)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	5095.54	41000.98
). Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5095.54	41000.98

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B
Operating Expenditures:	TOTAL THIS PERIOD	Calendar Year-to-Date
(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	0.00	0.00
Expenditures (c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party	7 7	
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		000000
and Other Political Committees	0.00	2000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
,		5.50
Loan Repayments Made	0.00	0.00
	4 4	4 4 4
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7 7 7	4 4
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	12750.00
	4	4 4
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity	20))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
``	3.00	3.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	4 4	45 45 45 45
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	14750.00
	0.00	147 30.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	0.00	14750.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5095.54	40900.98
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5095.54	40900.98
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the

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Detailed Summary Page 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 Allen, Paige, , , Date of Receipt Mailing Address 440 Woodmoor Drive Apt. 110 City Zip Code State Transaction ID: SA11AI.26706 IL Lombard 60148 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Allen, Paige, , , Date of Receipt Mailing Address 440 Woodmoor Drive Apt. 110 10 2022 City State Zip Code Transaction ID: SA11AI.26707 IL Lombard 60148 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Allen, Paige, , , Date of Receipt Mailing Address 440 Woodmoor Drive Apt. 110 04 2022 City State Zip Code Transaction ID: SA11AI.26708 IL Lombard 60148 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Besancon, David, L,, Date of Receipt Mailing Address 4567 Ashview Ct. City Zip Code State Transaction ID: SA11AI.26742 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Besancon, David, L,, Date of Receipt Mailing Address 4567 Ashview Ct. 10 2022 City State Zip Code Transaction ID: SA11AI.26743 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Besancon, David, L, Date of Receipt Mailing Address 4567 Ashview Ct. 04 2022 City State Zip Code Transaction ID: SA11AI.26744 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Besancon, David, L,, Date of Receipt Mailing Address 4567 Ashview Ct. City Zip Code State Transaction ID: SA11AI.26745 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Besancon, David, L,, Date of Receipt Mailing Address 4567 Ashview Ct. 18 2022 City State Zip Code Transaction ID: SA11AI.26746 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Besancon, David, L, Date of Receipt Mailing Address 4567 Ashview Ct. 25 2022 City Zip Code State Transaction ID: SA11AI.26747 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Bevelacqua, Jessica, L,, Date of Receipt Mailing Address 707 Koa Court City Zip Code State Transaction ID: SA11AI.26748 CA Sunnyvale 94086 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bevelacqua, Jessica, L, , Date of Receipt Mailing Address 707 Koa Court 10 2022 City State Zip Code Transaction ID: SA11AI.26749 CA Sunnyvale 94086 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bevelacqua, Jessica, L, Date of Receipt Mailing Address 707 Koa Court 04 2022 City State Zip Code Transaction ID: SA11AI.26750 CA Sunnyvale 94086 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Director of Clinical Ops** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Bevelacqua, Jessica, L,, Date of Receipt Mailing Address 707 Koa Court City Zip Code State Transaction ID: SA11AI.26751 CA Sunnyvale 94086 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bevelacqua, Jessica, L, , Date of Receipt Mailing Address 707 Koa Court 18 2022 City State Zip Code Transaction ID: SA11AI.26752 CA Sunnyvale 94086 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bevelacqua, Jessica, L, Date of Receipt Mailing Address 707 Koa Court 25 2022 City State Zip Code Transaction ID: SA11AI.26753 CA Sunnyvale 94086 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Director of Clinical Ops** Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 13 14 15 16 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 Biegel, Ashleigh, , , Date of Receipt Mailing Address 11540 Salinas Dr 2022 City Zip Code State Transaction ID: SA11AI.26754 CO Peyton 80831 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager II Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Biegel, Ashleigh, , , Date of Receipt Mailing Address 11540 Salinas Dr 10 2022 City State Zip Code Transaction ID: SA11AI.26755 CO Peyton 80831 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager II Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Biegel, Ashleigh, , , Date of Receipt Mailing Address 11540 Salinas Dr 04 2022 City State Zip Code Transaction ID: SA11AI.26756 CO Peyton 80831 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager II Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Full Name of Individual (Last, First, Middle Initial) Bodmer, Christopher, , ,	or Full O	rganization Name	Date o	f Receip	ot					
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City O'Fallon	State MO	Zip Code 63368		Transaction ID : SA11AI.26760 Amount of Each Receipt this Period						
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Other (specify) ▼		420.00								
Full Name of Individual (Last, First, Middle Initial) B. Bodmer, Christopher, , ,	or Full Or	rganization Name	Data	f Doggin						
Mailing Address 903 Sill Ridge Drive			Date of	f Receip	28	/ Y	2022	Y		
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O'Fallon	MO	63368	Amoun	t of Eac	h Rec	eipt thi	s Period			
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Detailed Summary Page 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 Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive City Zip Code State Transaction ID: SA11AI.26763 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 18 2022 City State Zip Code Transaction ID: SA11AI.26764 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 25 2022 City Zip Code State Transaction ID: SA11AI.26765 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 Boldizsar, Gary, W, , Date of Receipt Mailing Address 6858 Clubside Dr 2022 City Zip Code State Transaction ID: SA11AI.26766 OH Loveland 45140 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Boldizsar, Gary, W, , Date of Receipt Mailing Address 6858 Clubside Dr 10 2022 City State Zip Code Transaction ID: SA11AI.26767 OH Loveland 45140 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Boldizsar, Gary, W., Date of Receipt Mailing Address 6858 Clubside Dr 04 2022 City Zip Code State Transaction ID: SA11AI.26768 OH Loveland 45140 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Brangaccio, David, Ryan, , Date of Receipt Mailing Address 6221 Apopka Court 2022 City Zip Code State Transaction ID: SA11AI.26775 FL Jacksonville 32258 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Business Dev Mgr Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brangaccio, David, Ryan, , Date of Receipt Mailing Address 6221 Apopka Court 18 2022 City State Zip Code Transaction ID: SA11AI.26776 FL Jacksonville 32258 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Senior Business Dev Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brangaccio, David, Ryan, Date of Receipt Mailing Address 6221 Apopka Court 25 2022 City State Zip Code Transaction ID: SA11AI.26777 FL Jacksonville 32258 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Senior Business Dev Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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 Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon Road City Zip Code State Transaction ID: SA11AI.26778 MD Ellicott City 21042 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon Road 10 2022 City State Zip Code Transaction ID: SA11AI.26779 Ellicott City MD 21042 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 645.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon Road 04 2022 City Zip Code State Transaction ID: SA11AI.26780 MD Ellicott City 21042 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 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 Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon Road City Zip Code State Transaction ID: SA11AI.26781 MD Ellicott City 21042 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon Road 18 2022 City State Zip Code Transaction ID: SA11AI.26782 Ellicott City MD 21042 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 690.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon Road 25 2022 City Zip Code State Transaction ID: SA11AI.26783 MD Ellicott City 21042 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 705.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 13 14 15 16 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 Budall, Bijan, , , Date of Receipt Mailing Address 4301 Jefferson St City Zip Code State Transaction ID: SA11AI.26784 FL Hollywood 33021 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Budall, Bijan, , , Date of Receipt Mailing Address 4301 Jefferson St 10 2022 City State Zip Code Transaction ID: SA11AI.26785 FL Hollywood 33021 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Budall, Bijan, , , Date of Receipt Mailing Address 4301 Jefferson St 04 2022 City State Zip Code Transaction ID: SA11AI.26786 FL Hollywood 33021 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Burke, Steven, L, , Date of Receipt Mailing Address 701 W Hampton Ave City Zip Code State Transaction ID: SA11AI.26790 IL Loves Park 61111 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Burke, Steven, L, , Date of Receipt Mailing Address 701 W Hampton Ave 10 2022 City State Zip Code Transaction ID: SA11AI.26791 IL Loves Park 61111 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 430.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Burke, Steven, L, , Date of Receipt Mailing Address 701 W Hampton Ave 04 2022 Zip Code City State Transaction ID: SA11AI.26792 IL Loves Park 61111 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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 Burke, Steven, L, , Date of Receipt Mailing Address 701 W Hampton Ave City Zip Code State Transaction ID: SA11AI.26793 IL Loves Park 61111 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Burke, Steven, L, , Date of Receipt Mailing Address 701 W Hampton Ave 18 2022 City State Zip Code Transaction ID: SA11AI.26794 IL Loves Park 61111 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Burke, Steven, L, , Date of Receipt Mailing Address 701 W Hampton Ave 25 2022 Zip Code City State Transaction ID: SA11AI.26795 IL Loves Park 61111 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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 Campbell, Brandi, Marie, , Date of Receipt Mailing Address 1450 Kingsbury Ct 2022 City Zip Code State Transaction ID: SA11AI.26796 CO Golden 80401 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campbell, Brandi, Marie, , Date of Receipt Mailing Address 1450 Kingsbury Ct 10 2022 City State Zip Code Transaction ID: SA11AI.26797 CO Golden 80401 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campbell, Brandi, Marie, Date of Receipt Mailing Address 1450 Kingsbury Ct 04 2022 City State Zip Code Transaction ID: SA11AI.26798 CO Golden 80401 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Campbell, Brandi, Marie, , Date of Receipt Mailing Address 1450 Kingsbury Ct 2022 City Zip Code State Transaction ID: SA11AI.26799 CO Golden 80401 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campbell, Brandi, Marie, Date of Receipt Mailing Address 1450 Kingsbury Ct 18 2022 City State Zip Code Transaction ID: SA11AI.26800 CO Golden 80401 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campbell, Brandi, Marie, Date of Receipt Mailing Address 1450 Kingsbury Ct 25 2022 City State Zip Code Transaction ID: SA11AI.26801 CO Golden 80401 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Campbell, Theodore, Allen, , Date of Receipt Mailing Address 9338 Merlot Circle City Zip Code State Transaction ID: SA11AI.26805 PA Breinigsville 18031 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campbell, Theodore, Allen, Date of Receipt Mailing Address 9338 Merlot Circle 18 2022 City State Zip Code Transaction ID: SA11AI.26806 Breinigsville PA 18031 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campbell, Theodore, Allen, Date of Receipt Mailing Address 9338 Merlot Circle 25 2022 City State Zip Code Transaction ID: SA11AI.26807 PΑ Breinigsville 18031 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Campion, Michael, James, Date of Receipt Mailing Address 205 Nomini Drive 2022 City Zip Code State Transaction ID: SA11AI.26808 MD Arnold 21012 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director, Learning and Centers Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campion, Michael, James, Date of Receipt Mailing Address 205 Nomini Drive 10 2022 City State Zip Code Transaction ID: SA11AI.26809 MD Arnold 21012 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director, Learning and Centers Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 430.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Campion, Michael, James, Date of Receipt Mailing Address 205 Nomini Drive 04 2022 City Zip Code State Transaction ID: SA11AI.26810 MD Arnold 21012 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director, Learning and Centers Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Charboneau, Diane, T,, Date of Receipt Mailing Address 8230 East Levitt St City Zip Code State Transaction ID: SA11AI.26820 KS Wichita 67207 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Charboneau, Diane, T,, Date of Receipt Mailing Address 8230 East Levitt St 10 2022 City State Zip Code Transaction ID: SA11AI.26821 KS Wichita 67207 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Charboneau, Diane, T., Date of Receipt Mailing Address 8230 East Levitt St 04 2022 City State Zip Code Transaction ID: SA11AI.26822 KS Wichita 67207 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Charboneau, Diane, T,, Date of Receipt Mailing Address 8230 East Levitt St City Zip Code State Transaction ID: SA11AI.26823 KS Wichita 67207 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Charboneau, Diane, T,, Date of Receipt Mailing Address 8230 East Levitt St 18 2022 City State Zip Code Transaction ID: SA11AI.26824 KS Wichita 67207 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Charboneau, Diane, T., Date of Receipt Mailing Address 8230 East Levitt St 25 2022 City State Zip Code Transaction ID: SA11AI.26825 KS Wichita 67207 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FEC ID number of contributing

Name of Employer (for Individual)

General

Maxim Healthcare Services Inc

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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 Charles, Veronica, lee, , Date of Receipt Mailing Address 1232 Florida Ave NE 2022 City Zip Code State Transaction ID: SA11AI.26826 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director of State Affairs** Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Charles, Veronica, lee, , Date of Receipt Mailing Address 1232 Florida Ave NE 10 2022 City State Zip Code Transaction ID: SA11AI.26827 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 430.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Charles, Veronica, lee, , Date of Receipt Mailing Address 1232 Florida Ave NE 04 2022 City Zip Code State Transaction ID: SA11AI.26828 DC Washington 20002 Amount of Each Receipt this Period

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Payroll Deduction

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Detailed Summary Page 13 14 15 16 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 Christofferson, Tiffany, M,, Date of Receipt Mailing Address 79824 Bethpage Ave 2022 City Zip Code State Transaction ID: SA11AI.26835 CA Indio 92201 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Christofferson, Tiffany, M, , Date of Receipt Mailing Address 79824 Bethpage Ave 18 2022 City State Zip Code Transaction ID: SA11AI.26836 CA Indio 92201 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Christofferson, Tiffany, M., Date of Receipt Mailing Address 79824 Bethpage Ave 25 2022 City State Zip Code Transaction ID: SA11AI.26837 CA Indio 92201 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Crawn, Susan, K, , Date of Receipt Mailing Address 1045 Braewick Cir. NW City Zip Code State Transaction ID: SA11AI.26868 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional VP of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crawn, Susan, K,, Date of Receipt Mailing Address 1045 Braewick Cir. NW 10 2022 City State Zip Code Transaction ID: SA11AI.26869 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 430.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crawn, Susan, K, Date of Receipt Mailing Address 1045 Braewick Cir. NW 04 2022 City State Zip Code Transaction ID: SA11AI.26870 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 55 OF 169 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 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 Crawn, Susan, K, , Date of Receipt Mailing Address 1045 Braewick Cir. NW City Zip Code State Transaction ID: SA11AI.26871 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional VP of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crawn, Susan, K,, Date of Receipt Mailing Address 1045 Braewick Cir. NW 18 2022 City State Zip Code Transaction ID: SA11AI.26872 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crawn, Susan, K, Date of Receipt Mailing Address 1045 Braewick Cir. NW 25 2022 City Zip Code State Transaction ID: SA11AI.26873 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item

Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... FEC Schedule A (Form 3X) Rev. 06/2016

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Detailed Summary Page 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 Davies, Michael, Alexander, Date of Receipt Mailing Address 115 Bellows Dr City Zip Code State Transaction ID: SA11AI.26874 PA Carlisle 17015 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Davies, Michael, Alexander, Date of Receipt Mailing Address 115 Bellows Dr 10 2022 City State Zip Code Transaction ID: SA11AI.26875 PA Carlisle 17015 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Davies, Michael, Alexander, Date of Receipt Mailing Address 115 Bellows Dr 04 2022 City State Zip Code Transaction ID: SA11AI.26876 PΑ Carlisle 17015 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Davies, Michael, Alexander, Date of Receipt Mailing Address 115 Bellows Dr City Zip Code State Transaction ID: SA11AI.26877 Carlisle PA 17015 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Davies, Michael, Alexander, Date of Receipt Mailing Address 115 Bellows Dr 18 2022 City State Zip Code Transaction ID: SA11AI.26878 PA Carlisle 17015 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Davies, Michael, Alexander, Date of Receipt Mailing Address 115 Bellows Dr 25 2022 City State Zip Code Transaction ID: SA11AI.26879 PΑ Carlisle 17015 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Deeb, Brandi, L,, Date of Receipt Mailing Address 1506 Terra Oaks Court City Zip Code State Transaction ID: SA11AI.26880 MD Mount Airy 21771 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Controller - Regional HH Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deeb, Brandi, L,, Date of Receipt Mailing Address 1506 Terra Oaks Court 10 2022 City State Zip Code Transaction ID: SA11AI.26881 MD Mount Airy 21771 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Controller - Regional HH Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Deeb, Brandi, L., Date of Receipt Mailing Address 1506 Terra Oaks Court 04 2022 City State Zip Code Transaction ID: SA11AI.26882 MD Mount Airy 21771 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Controller - Regional HH Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 City Zip Code State Transaction ID: SA11AI.26886 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Executive Officer Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 10 2022 City State Zip Code Transaction ID: SA11AI.26887 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1290.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 04 2022 City State Zip Code Transaction ID: SA11AI.26888 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1320.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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 Diaz, Matthew, M,, Date of Receipt Mailing Address 4910 Regal Court 2022 City Zip Code State Transaction ID: SA11AI.26892 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Diaz, Matthew, M, Date of Receipt Mailing Address 4910 Regal Court 10 2022 City State Zip Code Transaction ID: SA11AI.26893 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1290.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Diaz, Matthew, M, Date of Receipt Mailing Address 4910 Regal Court 04 2022 City State Zip Code Transaction ID: SA11AI.26894 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1320.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Diaz, Matthew, M,, Date of Receipt Mailing Address 4910 Regal Court 2022 City Zip Code State Transaction ID: SA11AI.26895 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Diaz, Matthew, M, Date of Receipt Mailing Address 4910 Regal Court 18 2022 City State Zip Code Transaction ID: SA11AI.26896 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Diaz, Matthew, M, Date of Receipt Mailing Address 4910 Regal Court 25 2022 City State Zip Code Transaction ID: SA11AI.26897 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1410.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Finley, Adam, B, , Date of Receipt Mailing Address 6355 E. Lyell Ave City Zip Code State Transaction ID: SA11AI.26913 CA Fresno 93727 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Finley, Adam, B,, Date of Receipt Mailing Address 6355 E. Lyell Ave 18 2022 City State Zip Code Transaction ID: SA11AI.26914 CA Fresno 93727 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Finley, Adam, B, Date of Receipt Mailing Address 6355 E. Lyell Ave 25 2022 City State Zip Code Transaction ID: SA11AI.26915 CA Fresno 93727 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Foster, Claire, K,, Date of Receipt Mailing Address 2707 Columbia Avenue City Zip Code State Transaction ID: SA11AI.26919 Wilmington NC 28403 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director-Field Support Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Foster, Claire, K, , Date of Receipt Mailing Address 2707 Columbia Avenue 18 2022 City State Zip Code Transaction ID: SA11AI.26920 NC Wilmington 28403 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director- Field Support Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Foster, Claire, K, , Date of Receipt Mailing Address 2707 Columbia Avenue 25 2022 City State Zip Code Transaction ID: SA11AI.26921 NC Wilmington 28403 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director- Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Friedman, Toni-Jean, Lisa,, Date of Receipt Mailing Address 3911 Briar Knoll Cir 2022 City Zip Code State Transaction ID: SA11AI.26922 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP - General Counsel Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Friedman, Toni-Jean, Lisa, Date of Receipt Mailing Address 3911 Briar Knoll Cir 10 2022 City State Zip Code Transaction ID: SA11AI.26923 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction SVP - General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Friedman, Toni-Jean, Lisa, Date of Receipt Mailing Address 3911 Briar Knoll Cir 04 2022 City Zip Code State Transaction ID: SA11AI.26924 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc SVP - General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Detailed Summary Page 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 Galbreath, Joshua, , , Date of Receipt Mailing Address 2470 E Baldwin Rd City Zip Code State Transaction ID: SA11AI.26928 MI **Grand Blanc** 48439 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Galbreath, Joshua, , , Date of Receipt Mailing Address 2470 E Baldwin Rd 10 2022 City State Zip Code Transaction ID: SA11AI.26929 **Grand Blanc** MI 48439 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Galbreath, Joshua, , , Date of Receipt Mailing Address 2470 E Baldwin Rd 04 2022 City State Zip Code Transaction ID: SA11AI.26930 MI **Grand Blanc** 48439 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 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 Gering, Joseph, , , Date of Receipt Mailing Address 6010 S. Freya St 2022 City Zip Code State Transaction ID: SA11AI.26940 WA Spokane 99223 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gering, Joseph, , , Date of Receipt Mailing Address 6010 S. Freya St 10 2022 City State Zip Code Transaction ID: SA11AI.26941 WA Spokane 99223 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gering, Joseph, , , Date of Receipt Mailing Address 6010 S. Freya St 04 2022 City Zip Code State Transaction ID: SA11AI.26942 WA Spokane 99223 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

federal political committee.

Other (specify)

Receipt For:

Primary

Name of Employer (for Individual)

General

Maxim Healthcare Services Inc

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Occupation (for Individual)

Area Vice President

Aggregate Year-to-Date ▼

Memo Item

Payroll Deduction

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Deta 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 Huffman, Whitney, , , Date of Receipt Mailing Address 4537 Laurelwood Dr 2022 City Zip Code State Transaction ID: SA11AI.26981 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Huffman, Whitney, , , Date of Receipt Mailing Address 4537 Laurelwood Dr 10 2022 City State Zip Code Transaction ID: SA11AI.26982 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Huffman, Whitney, , , Date of Receipt Mailing Address 4537 Laurelwood Dr 04 2022 City State Zip Code Transaction ID: SA11AI.26983 VARoanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 2022 City Zip Code State Transaction ID: SA11AI.26993 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 10 2022 City State Zip Code Transaction ID: SA11AI.26994 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 430.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 04 2022 City State Zip Code Transaction ID: SA11AI.26995 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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 Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd City Zip Code State Transaction ID: SA11AI.26996 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 18 2022 City State Zip Code Transaction ID: SA11AI.26997 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Josephson, Adam, , , Date of Receipt Mailing Address 5250 Angelina Rd 25 2022 City State Zip Code Transaction ID: SA11AI.26998 CA Oceanside 92056 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Kreps, Troy, R,, Date of Receipt Mailing Address 988 Presidential Blvd Apt 18 City Zip Code State Transaction ID: SA11AI.26999 NJ Toms River 08753 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc National Recruiter Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kreps, Troy, R, Date of Receipt Mailing Address 988 Presidential Blvd Apt 18 10 2022 City State Zip Code Transaction ID: SA11AI.27000 NJ Toms River 08753 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction National Recruiter Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kreps, Troy, R., Date of Receipt Mailing Address 988 Presidential Blvd Apt 18 04 2022 City Zip Code State Transaction ID: SA11AI.27001 NJ Toms River 08753 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc National Recruiter Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Detailed Summary Page 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 Kreps, Troy, R,, Date of Receipt Mailing Address 988 Presidential Blvd Apt 18 City Zip Code State Transaction ID: SA11AI.27002 NJ Toms River 08753 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc National Recruiter Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kreps, Troy, R, Date of Receipt Mailing Address 988 Presidential Blvd Apt 18 18 2022 City State Zip Code Transaction ID: SA11AI.27003 NJ Toms River 08753 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction National Recruiter Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kreps, Troy, R., Date of Receipt Mailing Address 988 Presidential Blvd Apt 18 25 2022 City Zip Code State Transaction ID: SA11AI.27004 NJ Toms River 08753 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc National Recruiter Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. City Zip Code State Transaction ID: SA11AI.27008 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CNO & SVP Clini OP and Quality Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 18 2022 City State Zip Code Transaction ID: SA11AI.27009 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction CNO & SVP Clini OP and Quality Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lanier, Laura, K, , Date of Receipt Mailing Address 650 Heartwood Dr. 25 2022 City Zip Code State Transaction ID: SA11AI.27010 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc CNO & SVP Clini OP and Quality Receipt For: Aggregate Year-to-Date ▼ Primary General 1410.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Loesser, Lisa, Marie, , Date of Receipt Mailing Address 35 Hastings Rd. City Zip Code State Transaction ID: SA11AI.27011 NJ Yardville 08620 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Loesser, Lisa, Marie, , Date of Receipt Mailing Address 35 Hastings Rd. 10 2022 City State Zip Code Transaction ID: SA11AI.27012 NJ Yardville 08620 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Loesser, Lisa, Marie, , Date of Receipt Mailing Address 35 Hastings Rd. 04 2022 City Zip Code State Transaction ID: SA11AI.27013 NJ Yardville 08620 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Magrini, Joshua, Mark, , Date of Receipt Mailing Address 1012 Hunter Ave 2022 City Zip Code State Transaction ID: SA11AI.27017 FL Orlando 32804 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Magrini, Joshua, Mark, , Date of Receipt Mailing Address 1012 Hunter Ave 10 2022 City State Zip Code Transaction ID: SA11AI.27018 FL Orlando 32804 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Magrini, Joshua, Mark, , Date of Receipt Mailing Address 1012 Hunter Ave 04 2022 City State Zip Code Transaction ID: SA11AI.27019 FL Orlando 32804 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Magrini, Joshua, Mark, , Date of Receipt Mailing Address 1012 Hunter Ave City Zip Code State Transaction ID: SA11AI.27020 FL Orlando 32804 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Magrini, Joshua, Mark, , Date of Receipt Mailing Address 1012 Hunter Ave 18 2022 City State Zip Code Transaction ID: SA11AI.27021 FL Orlando 32804 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Magrini, Joshua, Mark, , Date of Receipt Mailing Address 1012 Hunter Ave 25 2022 City State Zip Code Transaction ID: SA11AI.27022 FL Orlando 32804 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Maloney, Daniel, P,, Date of Receipt Mailing Address 349 Borica Drive City Zip Code State Transaction ID: SA11AI.27029 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Maloney, Daniel, P,, Date of Receipt Mailing Address 349 Borica Drive 10 2022 City State Zip Code Transaction ID: SA11AI.27030 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Maloney, Daniel, P, , Date of Receipt Mailing Address 349 Borica Drive 04 2022 City State Zip Code Transaction ID: SA11AI.27031 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Maloney, Daniel, P,, Date of Receipt Mailing Address 349 Borica Drive City Zip Code State Transaction ID: SA11AI.27032 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Maloney, Daniel, P,, Date of Receipt Mailing Address 349 Borica Drive 18 2022 City State Zip Code Transaction ID: SA11AI.27033 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Maloney, Daniel, P, , Date of Receipt Mailing Address 349 Borica Drive 25 2022 City State Zip Code Transaction ID: SA11AI.27034 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave City Zip Code State Transaction ID: SA11AI.27041 CA Lake Tahoe 96150 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave 10 2022 City State Zip Code Transaction ID: SA11AI.27042 CA Lake Tahoe 96150 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave 04 2022 City State Zip Code Transaction ID: SA11AI.27043 CA Lake Tahoe 96150 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 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 Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave City Zip Code State Transaction ID: SA11AI.27044 CA Lake Tahoe 96150 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave 18 2022 City State Zip Code Transaction ID: SA11AI.27045 CA Lake Tahoe 96150 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Martin-Greene, Drake, , , Date of Receipt Mailing Address 3035 Berkeley Ave 25 2022 City State Zip Code Transaction ID: SA11AI.27046 CA Lake Tahoe 96150 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Martincek, Kevin, D,, Date of Receipt Mailing Address 402 Blaze Dr 2022 City Zip Code State Transaction ID: SA11AI.27038 PA Glenshaw 15116 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Martincek, Kevin, D,, Date of Receipt Mailing Address 402 Blaze Dr 18 2022 City State Zip Code Transaction ID: SA11AI.27039 PA Glenshaw 15116 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Martincek, Kevin, D., Date of Receipt Mailing Address 402 Blaze Dr 25 2022 City Zip Code State Transaction ID: SA11AI.27040 PΑ Glenshaw 15116 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 McNamara, Daniel, B, , Date of Receipt Mailing Address 51 Cypress St 2022 City Zip Code State Transaction ID: SA11AI.27050 NY Floral Park 11001 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McNamara, Daniel, B,, Date of Receipt Mailing Address 51 Cypress St 10 2022 City State Zip Code Transaction ID: SA11AI.27051 Floral Park NY 11001 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. McNamara, Daniel, B, Date of Receipt Mailing Address 51 Cypress St 04 2022 City Zip Code State Transaction ID: SA11AI.27052 NY Floral Park 11001 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Maxim Healthcare Services Inc

General

Receipt For:

Primary

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Detailed Summary Page 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 McNamara, Daniel, B, , Date of Receipt Mailing Address 51 Cypress St 2022 City Zip Code State Transaction ID: SA11AI.27053 NY Floral Park 11001 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McNamara, Daniel, B,, Date of Receipt Mailing Address 51 Cypress St 18 2022 City State Zip Code Transaction ID: SA11AI.27054 Floral Park NY 11001 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. McNamara, Daniel, B, Date of Receipt Mailing Address 51 Cypress St 25 2022 City Zip Code State Transaction ID: SA11AI.27055 NY Floral Park 11001 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Regional Director-Business Dev

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Aggregate Year-to-Date ▼

Payroll Deduction

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Detailed Summary Page 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 Melone, Lisa, M,, Date of Receipt Mailing Address 6643 Applewood Blvd 2022 City Zip Code State Transaction ID: SA11AI.27056 44512 OH Boardman Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Melone, Lisa, M,, Date of Receipt Mailing Address 6643 Applewood Blvd 10 2022 City State Zip Code Transaction ID: SA11AI.27057 OH Boardman 44512 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 430.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Melone, Lisa, M, Date of Receipt Mailing Address 6643 Applewood Blvd 04 2022 City State Zip Code Transaction ID: SA11AI.27058 OH Boardman 44512 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Melone, Lisa, M,, Date of Receipt Mailing Address 6643 Applewood Blvd 2022 City Zip Code State Transaction ID: SA11AI.27059 44512 OH Boardman Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Melone, Lisa, M,, Date of Receipt Mailing Address 6643 Applewood Blvd 18 2022 City State Zip Code Transaction ID: SA11AI.27060 OH Boardman 44512 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Melone, Lisa, M, Date of Receipt Mailing Address 6643 Applewood Blvd 25 2022 City State Zip Code Transaction ID: SA11AI.27061 OH Boardman 44512 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Middleton, Deeley, C,, Date of Receipt Mailing Address 213 St Dunstans Road 2022 City Zip Code State Transaction ID: SA11AI.27062 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP - Chief Compliance Officer Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1211.28 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Middleton, Deeley, C, , Date of Receipt Mailing Address 213 St Dunstans Road 10 2022 City State Zip Code Transaction ID: SA11AI.27063 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction SVP - Chief Compliance Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1240.12 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Middleton, Deeley, C, Date of Receipt Mailing Address 213 St Dunstans Road 04 2022 City Zip Code State Transaction ID: SA11AI.27064 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc SVP - Chief Compliance Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1268.96 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Full Name of Individual (Last, First, Middl Nichols, James, , , Mailing Address 296 Dandridge Dr.	e Initial) or Full Organization Name	Date of Receipt
		10 21 2022
City	State Zip Code	Transaction ID : SA11AI.27068
Franklin	TN 37067	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Maxim Healthcare Services Inc	Area Vice President	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
	45 45	
Full Name of Individual (Last, First, Middl Nichols, James, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 296 Dandridge Dr.		10 28 2022
City	State Zip Code	Transaction ID : SA11Al.27069
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) Area Vice President	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	
Full Name of Individual (Last, First, Middl C. Nichols, James, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 296 Dandridge Dr.		11 04 2022
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.27070 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) Area Vice President	Memo Item Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify)	440.00	
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Detailed Summary Page 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 Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. City Zip Code State Transaction ID: SA11AI.27071 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 18 2022 City State Zip Code Transaction ID: SA11AI.27072 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 25 2022 City State Zip Code Transaction ID: SA11AI.27073 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Detailed Summary Page 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 Papazis, Cynthia, A,, Date of Receipt Mailing Address 860 Via Barquero City Zip Code State Transaction ID: SA11AI.27080 CA San Marcos 92069 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Papazis, Cynthia, A, , Date of Receipt Mailing Address 860 Via Barquero 10 2022 City State Zip Code Transaction ID: SA11AI.27081 CA San Marcos 92069 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Papazis, Cynthia, A, Date of Receipt Mailing Address 860 Via Barquero 04 2022 City State Zip Code Transaction ID: SA11AI.27082 CA San Marcos 92069 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Director of Clinical Ops** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Papazis, Cynthia, A,, Date of Receipt Mailing Address 860 Via Barquero City Zip Code State Transaction ID: SA11AI.27083 CA San Marcos 92069 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Papazis, Cynthia, A, , Date of Receipt Mailing Address 860 Via Barquero 18 2022 City State Zip Code Transaction ID: SA11AI.27084 CA San Marcos 92069 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Papazis, Cynthia, A, Date of Receipt Mailing Address 860 Via Barquero 25 2022 City State Zip Code Transaction ID: SA11AI.27085 CA San Marcos 92069 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Director of Clinical Ops** Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Passabet, David, J,, Date of Receipt Mailing Address 110 Lorna Doone Dr 2022 City Zip Code State Transaction ID: SA11AI.27086 VA Yorktown 23692 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Passabet, David, J., Date of Receipt Mailing Address 110 Lorna Doone Dr 10 2022 City State Zip Code Transaction ID: SA11AI.27087 VA Yorktown 23692 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Passabet, David, J, Date of Receipt Mailing Address 110 Lorna Doone Dr 04 2022 City Zip Code State Transaction ID: SA11AI.27088 VAYorktown 23692 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Detailed Summary Page 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 Passabet, David, J,, Date of Receipt Mailing Address 110 Lorna Doone Dr City Zip Code State Transaction ID: SA11AI.27089 VA Yorktown 23692 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Passabet, David, J., Date of Receipt Mailing Address 110 Lorna Doone Dr 18 2022 City State Zip Code Transaction ID: SA11AI.27090 VA Yorktown 23692 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Passabet, David, J, Date of Receipt Mailing Address 110 Lorna Doone Dr 25 2022 City Zip Code State Transaction ID: SA11AI.27091 VAYorktown 23692 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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for each category of the 12 Detailed Summary Page 13 14 15 16 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 Peaslee, Robert, B, , Date of Receipt Mailing Address 210 Bentwood Ct 2022 City Zip Code State Transaction ID: SA11AI.27092 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 399.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Peaslee, Robert, B, , Date of Receipt Mailing Address 210 Bentwood Ct 10 2022 City State Zip Code Transaction ID: SA11AI.27093 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 408.50 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Peaslee, Robert, B., Date of Receipt Mailing Address 210 Bentwood Ct 04 2022 City Zip Code State Transaction ID: SA11AI.27094 VASalem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 418.00 Other (specify) 28.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Phipps, Laurie, M,, Date of Receipt Mailing Address 1110 Cloverfield 2022 City Zip Code State Transaction ID: SA11AI.27098 NC Leland 28451 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Phipps, Laurie, M, , Date of Receipt Mailing Address 1110 Cloverfield 10 2022 City State Zip Code Transaction ID: SA11AI.27099 NC Leland 28451 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 645.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Phipps, Laurie, M., Date of Receipt Mailing Address 1110 Cloverfield 04 2022 City Zip Code State Transaction ID: SA11AI.27100 NC Leland 28451 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Phipps, Laurie, M,, Date of Receipt Mailing Address 1110 Cloverfield City Zip Code State Transaction ID: SA11AI.27101 NC Leland 28451 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Phipps, Laurie, M, , Date of Receipt Mailing Address 1110 Cloverfield 18 2022 City State Zip Code Transaction ID: SA11AI.27102 NC Leland 28451 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 690.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Phipps, Laurie, M., Date of Receipt Mailing Address 1110 Cloverfield 25 2022 City Zip Code State Transaction ID: SA11AI.27103 NC Leland 28451 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 705.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 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 Plaine, Marsha, C, , Date of Receipt Mailing Address 3503 Nelson Meadow Ln City Zip Code State Transaction ID: SA11AI.27107 NC Greensboro 27406 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Plaine, Marsha, C, , Date of Receipt Mailing Address 3503 Nelson Meadow Ln 18 2022 City State Zip Code Transaction ID: SA11AI.27108 Greensboro NC 27406 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 920.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Plaine, Marsha, C, Date of Receipt Mailing Address 3503 Nelson Meadow Ln 25 2022 City Zip Code State Transaction ID: SA11AI.27109 NC Greensboro 27406 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 940.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 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 Raney, Michael, , , Date of Receipt Mailing Address 8105 Grand Harbour CT City Zip Code State Transaction ID: SA11AI.27110 Wilmington NC 28411 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1176.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Raney, Michael, , , Date of Receipt Mailing Address 8105 Grand Harbour CT 10 2022 City State Zip Code Transaction ID: SA11AI.27111 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1204.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Raney, Michael, , , Date of Receipt Mailing Address 8105 Grand Harbour CT 04 2022 City State Zip Code Transaction ID: SA11AI.27112 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1232.00 Other (specify) 84.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES IN	NC POLIT	ICAL ACTION COMMITTE	EE (MAXIM HEALTHCARE PAC)					
Full Name of Individual (Last, First, Middle Initi.	al) or Full O	rganization Name	Date of Receipt					
Mailing Address 8105 Grand Harbour CT			11 11 2022					
City Wilmington	State NC	Zip Code 28411	Transaction ID : SA11AI.27113 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.00					
Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Reg	upation (for Individual) ional Vice President Year-to-Date ▼ 1260.00	Memo Item Payroll Deduction					
Full Name of Individual (Last, First, Middle Initial) Raney, Michael, , , Mailing Address 8105 Grand Harbour CT	al) or Full O	rganization Name	Date of Receipt 11 18 2022					
City Wilmington	State NC	Zip Code 28411	Transaction ID : SA11Al.27114 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.00					
Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) gional Vice President	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1288.00						
Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	Date of Receipt					
Mailing Address 8105 Grand Harbour CT			11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Wilmington	State NC	Zip Code 28411	Transaction ID : SA11AI.27115 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.00					
Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For:	Reg	upation (for Individual) ional Vice President	Memo Item Payroll Deduction					
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Detailed Summary Page 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 Rawlings, Thomas, L,, Date of Receipt Mailing Address 1835 Midsummer Lane City Zip Code State Transaction ID: SA11AI.27116 MD Jarrettsville 21084 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Director of Compliance Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rawlings, Thomas, L, , Date of Receipt Mailing Address 1835 Midsummer Lane 10 2022 City State Zip Code Transaction ID: SA11AI.27117 MD Jarrettsville 21084 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Senior Director of Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 390.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rawlings, Thomas, L, , Date of Receipt Mailing Address 1835 Midsummer Lane 04 2022 City State Zip Code Transaction ID: SA11AI.27118 MD Jarrettsville 21084 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Senior Director of Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Rawlings, Thomas, L,, Date of Receipt Mailing Address 1835 Midsummer Lane City Zip Code State Transaction ID: SA11AI.27119 MD Jarrettsville 21084 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Director of Compliance Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 410.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rawlings, Thomas, L, , Date of Receipt Mailing Address 1835 Midsummer Lane 18 2022 City State Zip Code Transaction ID: SA11AI.27120 MD Jarrettsville 21084 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Senior Director of Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rawlings, Thomas, L, , Date of Receipt Mailing Address 1835 Midsummer Lane 25 2022 City Zip Code State Transaction ID: SA11AI.27121 MD Jarrettsville 21084 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Senior Director of Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 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 Reed, Nicole, L,, Date of Receipt Mailing Address 954 Kennedy Lane City Zip Code State Transaction ID: SA11AI.27128 PA Elizabethtown 17022 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Quality Specialist Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Reed, Nicole, L,, Date of Receipt Mailing Address 954 Kennedy Lane 10 2022 City State Zip Code Transaction ID: SA11AI.27129 PA Elizabethtown 17022 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Quality Specialist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Reed, Nicole, L, , Date of Receipt Mailing Address 954 Kennedy Lane 04 2022 City State Zip Code Transaction ID: SA11AI.27130 PΑ Elizabethtown 17022 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Quality Specialist Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Reed, Nicole, L,, Date of Receipt Mailing Address 954 Kennedy Lane City Zip Code State Transaction ID: SA11AI.27131 PA Elizabethtown 17022 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Clinical Quality Specialist Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Reed, Nicole, L,, Date of Receipt Mailing Address 954 Kennedy Lane 18 2022 City State Zip Code Transaction ID: SA11AI.27132 PA Elizabethtown 17022 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Quality Specialist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Reed, Nicole, L., Date of Receipt Mailing Address 954 Kennedy Lane 25 2022 City State Zip Code Transaction ID: SA11AI.27133 PΑ Elizabethtown 17022 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Quality Specialist Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Riddle, Laura, J,, Date of Receipt Mailing Address 39 Blake Rd. 2022 City Zip Code State Transaction ID: SA11AI.27134 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Riddle, Laura, J, , Date of Receipt Mailing Address 39 Blake Rd. 10 2022 City State Zip Code Transaction ID: SA11AI.27135 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1075.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Riddle, Laura, J, Date of Receipt Mailing Address 39 Blake Rd. 04 2022 City Zip Code State Transaction ID: SA11AI.27136 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Rider, Steven, M,, Date of Receipt Mailing Address 532 Sandpiper Circle 2022 City Zip Code State Transaction ID: SA11AI.27140 TN Nashville 37221 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rider, Steven, M., Date of Receipt Mailing Address 532 Sandpiper Circle 10 2022 City State Zip Code Transaction ID: SA11AI.27141 TN Nashville 37221 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 430.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rider, Steven, M, Date of Receipt Mailing Address 532 Sandpiper Circle 04 2022 City State Zip Code Transaction ID: SA11AI.27142 TN Nashville 37221 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Rivera, Luis, F,, Date of Receipt Mailing Address 26987 Glenside Ln City Zip Code State Transaction ID: SA11AI.27146 OH Olmsted Township 44138 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rivera, Luis, F, Date of Receipt Mailing Address 26987 Glenside Ln 10 2022 City State Zip Code Transaction ID: SA11AI.27147 Olmsted Township OH 44138 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rivera, Luis, F, , Date of Receipt Mailing Address 26987 Glenside Ln 04 2022 City Zip Code State Transaction ID: SA11AI.27148 OH Olmsted Township 44138 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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	ly information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
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Α.	Full Name of Individual (Last, First, Middle Initial Ruter, Tyler, Jordan, ,	al) or Full Orga	nization Name	Date of Receipt								
	Mailing Address 3749 South Berkley Circle	04-4-	7: O. d.	10 21 2022								
	City Silverton	State OH	Zip Code 45236	Transaction ID : SA11AI.27164 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		5.00								
	Name of Employer (for Individual) Maxim Healthcare Services Inc	l .	tion (for Individual) ss Development Mgr	Memo Item Payroll Deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea		Payron Deduction								
В.	Full Name of Individual (Last, First, Middle Initial Ruter, Tyler, Jordan, , Mailing Address 3749 South Berkley Circle	al) or Full Orga	nization Name	Date of Receipt								
	City	State	Zip Code	10 28 2022 Transaction ID : SA11Al.27165								
	Silverton	ОН	45236	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		5.00								
	Name of Employer (for Individual) Maxim Healthcare Services Inc		tion (for Individual) ss Development Mgr	Memo Item Payroll Deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 215.00									
<u> </u>	Full Name of Individual (Last, First, Middle Initial Ruter, Tyler, Jordan, ,	al) or Full Orga	nization Name	Date of Receipt								
	Mailing Address 3749 South Berkley Circle			11 04 2022								
	City Silverton	State OH	Zip Code 45236	Transaction ID : SA11AI.27166 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		5.00								
	Name of Employer (for Individual) Maxim Healthcare Services Inc		tion (for Individual) ss Development Mgr	Memo Item Payroll Deduction								
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for each category of the 12 Detailed Summary Page 13 14 15 16 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 Sasser, Ashley, , , Date of Receipt Mailing Address 31 Bay St City Zip Code State Transaction ID: SA11AI.27170 VA Poquoson 23662 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sasser, Ashley, , , Date of Receipt Mailing Address 31 Bay St 10 2022 City State Zip Code Transaction ID: SA11AI.27171 VA Poquoson 23662 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sasser, Ashley, , , Date of Receipt Mailing Address 31 Bay St 04 2022 City Zip Code State Transaction ID: SA11AI.27172 VAPoquoson 23662 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Sasser, Ashley, , , Date of Receipt Mailing Address 31 Bay St City Zip Code State Transaction ID: SA11AI.27173 VA Poquoson 23662 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sasser, Ashley, , , Date of Receipt Mailing Address 31 Bay St 18 2022 City State Zip Code Transaction ID: SA11AI.27174 VA Poquoson 23662 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sasser, Ashley, , , Date of Receipt Mailing Address 31 Bay St 25 2022 City Zip Code State Transaction ID: SA11AI.27175 VAPoquoson 23662 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Detailed Summary Page 13 14 15 16 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 Sewell, Lisa, Christine, , Date of Receipt Mailing Address 8214 N. 21st Drive #208 2022 City Zip Code State Transaction ID: SA11AI.27182 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sewell, Lisa, Christine, , Date of Receipt Mailing Address 8214 N. 21st Drive 10 2022 #208 City State Zip Code Transaction ID: SA11AI.27183 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sewell, Lisa, Christine, Date of Receipt Mailing Address 8214 N. 21st Drive 04 2022 #208 City State Zip Code Transaction ID: SA11AI.27184 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Sewell, Lisa, Christine, , Date of Receipt Mailing Address 8214 N. 21st Drive 2022 #208 City Zip Code State Transaction ID: SA11AI.27185 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sewell, Lisa, Christine, , Date of Receipt Mailing Address 8214 N. 21st Drive 18 2022 #208 City State Zip Code Transaction ID: SA11AI.27186 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sewell, Lisa, Christine, Date of Receipt Mailing Address 8214 N. 21st Drive 25 2022 #208 City State Zip Code Transaction ID: SA11AI.27187 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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 Short, Kelly, , , Date of Receipt Mailing Address 1613 Dempsey Road 2022 City State Zip Code Transaction ID: SA11AI.27191 TN Knoxville 37932 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Clinical Manager II Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Short, Kelly, , , Date of Receipt Mailing Address 1613 Dempsey Road 11 18 2022 City State Zip Code Transaction ID: SA11AI.27192 TN Knoxville 37932 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager II Receipt For: Aggregate Year-to-Date ▼ Primary General 230,00 Other (specify)

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Full Name of Individual (Last, First, Middle In Simcox, Nichole, , ,	itial) or Full Orga	nization Name	Date of Receipt
Mailing Address 62 Ginger Tree Ct.	10 21 2022		
City	State	Zip Code	Transaction ID : SA11AI.27193
O'Fallon	MO	63368	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
Maxim Healthcare Services Inc	Area VF	Clinical Operations	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 420.00	
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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 Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 2022 City Zip Code State Transaction ID: SA11AI.27194 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 2022 City State Zip Code Transaction ID: SA11AI.27195 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 11 2022 City Zip Code State Transaction ID: SA11AI.27196 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. City Zip Code State Transaction ID: SA11AI.27197 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 2022 City State Zip Code Transaction ID: SA11AI.27198 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2022 City State Zip Code Transaction ID: SA11AI.27199 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 1260.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct City Zip Code State Transaction ID: SA11AI.27200 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1290.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2022 City State Zip Code Transaction ID: SA11AI.27201 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 11 2022 City State Zip Code Transaction ID: SA11AI.27202 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2022 City Zip Code State Transaction ID: SA11AI.27203 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2022 City State Zip Code Transaction ID: SA11AI.27204 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1410.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Spahr, Brian, M, Date of Receipt Mailing Address 2421 Bear Rock Gln 2022 City State Zip Code Transaction ID: SA11AI.27205 CA Escondido 92026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Business Development Mgr** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 65.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 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 Spahr, Brian, M,, Date of Receipt Mailing Address 2421 Bear Rock Gln 2022 City Zip Code State Transaction ID: SA11AI.27206 CA Escondido 92026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Business Development Mgr** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Spahr, Brian, M, Date of Receipt Mailing Address 2421 Bear Rock Gln 2022 City State Zip Code Transaction ID: SA11AI.27207 CA Escondido 92026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Business Development Mgr** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Spahr, Brian, M, Date of Receipt Mailing Address 2421 Bear Rock Gln 11 2022 City State Zip Code Transaction ID: SA11AI.27208 CA Escondido 92026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Business Development Mgr** Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page 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 Spahr, Brian, M,, Date of Receipt Mailing Address 2421 Bear Rock Gln 2022 City Zip Code State Transaction ID: SA11AI.27209 CA Escondido 92026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Business Development Mgr** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Spahr, Brian, M, Date of Receipt Mailing Address 2421 Bear Rock Gln 2022 City State Zip Code Transaction ID: SA11AI.27210 CA Escondido 92026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction **Business Development Mgr** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Spalt, Jeremy, M, Date of Receipt Mailing Address 1305 Asbury Road 2022 City Zip Code State Transaction ID: SA11AI.27211 MD **Baltimore** 21209 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director - Accounts Receivable Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Spalt, Jeremy, M,, Date of Receipt Mailing Address 1305 Asbury Road 2022 City Zip Code State Transaction ID: SA11AI.27212 MD **Baltimore** 21209 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director - Accounts Receivable Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Spalt, Jeremy, M, Date of Receipt Mailing Address 1305 Asbury Road 2022 City State Zip Code Transaction ID: SA11AI.27213 MD **Baltimore** 21209 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director - Accounts Receivable Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Spalt, Jeremy, M, Date of Receipt Mailing Address 1305 Asbury Road 11 2022 City Zip Code State Transaction ID: SA11AI.27214 MD **Baltimore** 21209 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director - Accounts Receivable Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Spalt, Jeremy, M,, Date of Receipt Mailing Address 1305 Asbury Road 2022 City Zip Code State Transaction ID: SA11AI.27215 MD **Baltimore** 21209 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director - Accounts Receivable Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Spalt, Jeremy, M, Date of Receipt Mailing Address 1305 Asbury Road 2022 City State Zip Code Transaction ID: SA11AI.27216 MD **Baltimore** 21209 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director - Accounts Receivable Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Stabley, Kieta, L, , Date of Receipt Mailing Address 202 Rudolph Ln 2022 City Zip Code State Transaction ID: SA11AI.27217 NC Hubert 28539 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Director of Clinical Ops** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 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 Stabley, Kieta, L, , Date of Receipt Mailing Address 202 Rudolph Ln 2022 City Zip Code State Transaction ID: SA11AI.27218 NC Hubert 28539 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Clinical Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Stabley, Kieta, L, , Date of Receipt Mailing Address 202 Rudolph Ln 2022 City State Zip Code Transaction ID: SA11AI.27219 NC Hubert 28539 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Stabley, Kieta, L, , Date of Receipt Mailing Address 202 Rudolph Ln 11 2022 City Zip Code State Transaction ID: SA11AI.27220 NC Hubert 28539 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc **Director of Clinical Ops** Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)					
Full Name of Individual (Last, First, Middle In Stabley, Kieta, L, , Mailing Address 202 Rudolph Ln	Date of Receipt						
	11 18 2022						
City	State Zip Code	Transaction ID : SA11AI.27221					
Hubert	NC 28539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	5.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Maxim Healthcare Services Inc	Director of Clinical Ops	Payroll Deduction					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	230.00						
Full Name of Individual (Last, First, Middle Ir Stabley, Kieta, L, ,	Date of Receipt						
ivialling Address 202 Rudolph Ln	Mailing Address 202 Rudolph Ln						
City	State Zip Code	Transaction ID : SA11AI.27222					
Hubert	NC 28539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ÿ						
Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) Director of Clinical Ops	Memo Item Payroll Deduction					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	235,00						
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 2194 SW 25th Terrace							
City Miami	State Zip Code FL 33133	Transaction ID : SA11AI.27229					
	. 2 00100	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	10.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Maxim Healthcare Services Inc Receipt For:	Director of Business Ops	Payroll Deduction					
Primary General	Aggregate Year-to-Date ▼						
Other (specify)	420.00						
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for each category of the Detailed Summary Page 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 Stewart, Philip, , , Date of Receipt Mailing Address 2194 SW 25th Terrace 2022 City Zip Code State Transaction ID: SA11AI.27230 FL Miami 33133 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Stewart, Philip, , , Date of Receipt Mailing Address 2194 SW 25th Terrace 2022 City State Zip Code Transaction ID: SA11AI.27231 FL Miami 33133 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Stewart, Philip, , , Date of Receipt Mailing Address 2194 SW 25th Terrace 11 2022 City State Zip Code Transaction ID: SA11AI.27232 FL Miami 33133 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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federal political committee.

Name of Employer (for Individual)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	Maxim Healthcare Services Inc	Area V	P Clinical Operations	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 440.00	
C.	Full Name of Individual (Last, First, Middle In Stover, Regina, , , Mailing Address 3400 Hemphill Road	itial) or Full Orga	anization Name	Date of Receipt 11 11 2022
	City	State	Zip Code	Transaction ID : SA11AI.27250
	Norton	ОН	44203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	Maxim Healthcare Services Inc	Area VI	P Clinical Operations	Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 450.00	
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Occupation (for Individual)

30.00

10.00

Memo Item

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Maxim Healthcare Services Inc

Other (specify)

General

Receipt For:

Primary

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 152 OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 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 Truman, Brandon, K,, Date of Receipt Mailing Address 12 Bold Ruler Circle 2022 City Zip Code State Transaction ID: SA11AI.27266 PA Dillsburg 17019 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Truman, Brandon, K, , Date of Receipt Mailing Address 12 Bold Ruler Circle 2022 City State Zip Code Transaction ID: SA11AI.27267 PA Dillsburg 17019 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Truman, Brandon, K, Date of Receipt Mailing Address 12 Bold Ruler Circle 11 2022 City State Zip Code Transaction ID: SA11AI.27268 PΑ Dillsburg 17019 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

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225.00

Area Vice President

Aggregate Year-to-Date ▼

Payroll Deduction

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Detailed Summary Page 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 Truman, Brandon, K,, Date of Receipt Mailing Address 12 Bold Ruler Circle City Zip Code State Transaction ID: SA11AI.27269 PA Dillsburg 17019 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Truman, Brandon, K, , Date of Receipt Mailing Address 12 Bold Ruler Circle 2022 City State Zip Code Transaction ID: SA11AI.27270 PA Dillsburg 17019 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. VanLith-Jensen, Martha, , , Date of Receipt Mailing Address 949 Sand Crest Drive 2022 City State Zip Code Transaction ID: SA11AI.27277 FL Port Orange 32127 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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169 PAGE 154 OF Use separate schedule(s) ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 13 14 15 16 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 VanLith-Jensen, Martha, , , Date of Receipt Mailing Address 949 Sand Crest Drive 2022 City State Zip Code Transaction ID: SA11AI.27278 Port Orange FL 32127 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** VanLith-Jensen, Martha, , , Date of Receipt Mailing Address 949 Sand Crest Drive 2022 City State Zip Code Transaction ID: SA11AI.27279 Port Orange FL 32127 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00

Strict (specify) •		125,00	
Full Name of Individual (Last, First, Middle In VanLith-Jensen, Martha, , ,	itial) or Full Or	ganization Name	Date of Receipt
Mailing Address 949 Sand Crest Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : SA11AI.27280
Port Orange	FL	32127	Amount of Each Receipt this Period
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Maxim Healthcare Services Inc	Area	VP Clinical Operations	Payroll Deduction
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Detailed Summary Page 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 Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 2022 City Zip Code State Transaction ID: SA11AI.27284 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 2022 City State Zip Code Transaction ID: SA11AI.27285 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 11 2022 City State Zip Code Transaction ID: SA11AI.27286 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 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 Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue City Zip Code State Transaction ID: SA11AI.27287 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wasser, Ryan, , , Date of Receipt Mailing Address 311 Montrose Avenue 2022 City State Zip Code Transaction ID: SA11AI.27288 MD Catonsville 21228 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Whitehead, Erin, , , Date of Receipt Mailing Address 2159 North Fayetteville St. 2022 Unit 13A City State Zip Code Transaction ID: SA11AI.27289 NC Asheboro 27203 Amount of Each Receipt this Period FEC ID number of contributing 7.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 294.00 Other (specify) 27.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Whitehead, Erin, , , Date of Receipt Mailing Address 2159 North Fayetteville St. Unit 13A City Zip Code State Transaction ID: SA11AI.27290 NC Asheboro 27203 Amount of Each Receipt this Period FEC ID number of contributing 7.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 301.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Whitehead, Erin, , , Date of Receipt Mailing Address 2159 North Fayetteville St. 2022 Unit 13A City State Zip Code Transaction ID: SA11AI.27291 NC Asheboro 27203 Amount of Each Receipt this Period FEC ID number of contributing 7.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 308.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Whitehead, Erin, , , Date of Receipt Mailing Address 2159 North Fayetteville St. 11 2022 Unit 13A City State Zip Code Transaction ID: SA11AI.27292 NC Asheboro 27203 Amount of Each Receipt this Period FEC ID number of contributing 7.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 315.00 Other (specify) 21.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Whitehead, Erin, , , Date of Receipt Mailing Address 2159 North Fayetteville St. Unit 13A City Zip Code State Transaction ID: SA11AI.27293 NC Asheboro 27203 Amount of Each Receipt this Period FEC ID number of contributing 7.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 322.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Whitehead, Erin, , , Date of Receipt Mailing Address 2159 North Fayetteville St. 2022 Unit 13A City State Zip Code Transaction ID: SA11AI.27294 NC Asheboro 27203 Amount of Each Receipt this Period FEC ID number of contributing 7.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 329.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Whiting, Evan, D, Date of Receipt Mailing Address 1469 Bridle Creek Blvd 2022 State Zip Code Transaction ID: SA11AI.27295 VAVirginia Beach 23464 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 24.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 160 OF Use separate schedule(s) (check only one) **ITEMIZED RECEIPTS** for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 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 Whiting, Evan, D,, Date of Receipt Mailing Address 1469 Bridle Creek Blvd 2022 State Zip Code Transaction ID: SA11AI.27296 ۱/Δ Virginia Beach 23/6/ В

	Amount of Each Receipt this Period
C	10.00
Occupation (for Individual)	Memo Item
Director of Business Ops	Payroll Deduction
Aggregate Year-to-Date ▼	
	1
430.00	
e Initial) or Full Organization Name	Date of Receipt
	M M / D D / Y Y Y Y
State Zin Code	11 04 2022
	Transaction ID : SA11AI.27297
VA 23464	Amount of Each Receipt this Period
C	10.00
Occupation (for Individual)	Memo Item
, , ,	Payroll Deduction
· ·	- Taylor Boddonon
Aggregate Year-to-Date ▼	
440.00	
4 4	J. Committee of the com
e Initial) or Full Organization Name	Date of Receipt
	11 11 2022
State Zip Code	Transaction ID : SA11AI.27298
VA 23464	Amount of Each Receipt this Period
C	10.00
	Memo Item
Director of Business Ops	Payroll Deduction
Aggregate Year-to-Date ▼	
<u> </u>	1
	Occupation (for Individual) Director of Business Ops Aggregate Year-to-Date ▼ 430.00 Initial) or Full Organization Name State Zip Code VA Z3464 C Occupation (for Individual) Director of Business Ops Aggregate Year-to-Date ▼ 440.00 Initial) or Full Organization Name

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Detailed Summary Page 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 Whiting, Evan, D, , Date of Receipt Mailing Address 1469 Bridle Creek Blvd 2022 City Zip Code State Transaction ID: SA11AI.27299 VA Virginia Beach 23464 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Whiting, Evan, D, , Date of Receipt Mailing Address 1469 Bridle Creek Blvd 2022 City State Zip Code Transaction ID: SA11AI.27300 VA Virginia Beach 23464 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Williams, Cameron, , , Date of Receipt Mailing Address 232 Elm Street 2022 Zip Code City State Transaction ID: SA11AI.27301 KY Ludlow 41016 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Field Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Williams, Cameron, , , Date of Receipt Mailing Address 232 Elm Street 2022 City Zip Code State Transaction ID: SA11AI.27302 Ludlow KY 41016 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Field Mgr Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Williams, Cameron, , , Date of Receipt Mailing Address 232 Elm Street 2022 City State Zip Code Transaction ID: SA11AI.27303 KY Ludlow 41016 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Field Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Williams, Cameron, , , Date of Receipt Mailing Address 232 Elm Street 11 2022 Zip Code City State Transaction ID: SA11AI.27304 KY Ludlow 41016 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Field Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 Williams, Cameron, , , Date of Receipt Mailing Address 232 Elm Street 2022 City Zip Code State Transaction ID: SA11AI.27305 Ludlow KY 41016 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Field Mgr Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Williams, Cameron, , , Date of Receipt Mailing Address 232 Elm Street 2022 City State Zip Code Transaction ID: SA11AI.27306 KY Ludlow 41016 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Regional Field Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Worcester, Cheri, , , Date of Receipt Mailing Address 2055 Truman Lane 2022 City State Zip Code Transaction ID: SA11AI.27313 CA Oakley 94561 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Ops-Behavior Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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for each category of the Detailed Summary Page 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 Worcester, Cheri, , , Date of Receipt Mailing Address 2055 Truman Lane City Zip Code State Transaction ID: SA11AI.27314 CA Oakley 94561 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Ops-Behavior Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Worcester, Cheri, , , Date of Receipt Mailing Address 2055 Truman Lane 2022 City State Zip Code Transaction ID: SA11AI.27315 CA Oakley 94561 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Ops-Behavior Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Worcester, Cheri, , , Date of Receipt Mailing Address 2055 Truman Lane 11 2022 City State Zip Code Transaction ID: SA11AI.27316 CA Oakley 94561 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Ops-Behavior Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Worcester, Cheri, , , Date of Receipt Mailing Address 2055 Truman Lane City Zip Code State Transaction ID: SA11AI.27317 CA Oakley 94561 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Ops-Behavior Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Worcester, Cheri, , , Date of Receipt Mailing Address 2055 Truman Lane 2022 City State Zip Code Transaction ID: SA11AI.27318 CA Oakley 94561 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Area VP Clinical Ops-Behavior Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Yates, Erica, Lynn, , Date of Receipt Mailing Address 3101 184th St SW Apt B517 2022 City Zip Code State Transaction ID: SA11AI.27319 WA Lynnwood 98037 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager II Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Yates, Erica, Lynn, , Date of Receipt Mailing Address 3101 184th St SW Apt B517 2022 City Zip Code State Transaction ID: SA11AI.27320 WA Lynnwood 98037 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager II Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yates, Erica, Lynn, , Date of Receipt Mailing Address 3101 184th St SW Apt B517 2022 City State Zip Code Transaction ID: SA11AI.27321 WA Lynnwood 98037 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager II Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Yates, Erica, Lynn, , Date of Receipt Mailing Address 3101 184th St SW Apt B517 11 2022 City Zip Code State Transaction ID: SA11AI.27322 WA Lynnwood 98037 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Clinical Manager II Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 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 Yates, Erica, Lynn, , Date of Receipt Mailing Address 3101 184th St SW Apt B517 2022 City Zip Code State Transaction ID: SA11AI.27323 WA Lynnwood 98037 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Clinical Manager II Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yates, Erica, Lynn, , Date of Receipt Mailing Address 3101 184th St SW Apt B517 2022 City State Zip Code Transaction ID: SA11AI.27324 WA Lynnwood 98037 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Clinical Manager II Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Zdarko, Joel, , , Date of Receipt Mailing Address 1439 Harlan Dr. 2022 City State Zip Code Transaction ID: SA11AI.27325 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES II	NC POLITIO	CAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)			
Α.		Date of Receipt					
	Mailing Address 1439 Harlan Dr. City	Mailing Address 1439 Harlan Dr.					
	Danville	State CA	Zip Code 94526	Transaction ID : SA11AI.27326 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		5.00			
	Name of Employer (for Individual) Maxim Healthcare Services Inc		ation (for Individual) or of Business Ops	Memo Item Payroll Deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼				
В.	Full Name of Individual (Last, First, Middle Init Zdarko, Joel, , ,	ial) or Full Org	anization Name	Date of Receipt			
	Mailing Address 1439 Harlan Dr.	7in Code	11 04 2022				
	City Danville	State	Zip Code 94526	Transaction ID : SA11Al.27327 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		5.00 Memo Item Payroll Deduction			
	Name of Employer (for Individual) Maxim Healthcare Services Inc		oation (for Individual) for of Business Ops				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 220.00				
С .	Full Name of Individual (Last, First, Middle Init Zdarko, Joel, , ,	ial) or Full Org	anization Name	Date of Receipt			
	Mailing Address 1439 Harlan Dr.	11 11 2022					
	City Danville	State CA	Zip Code 94526	Transaction ID : SA11AI.27328 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		5.00			
	Name of Employer (for Individual) Maxim Healthcare Services Inc		ation (for Individual) or of Business Ops	Memo Item Payroll Deduction			
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 225.00				
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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 Zdarko, Joel, , , Date of Receipt Mailing Address 1439 Harlan Dr. 18 2022 City State Zip Code Transaction ID: SA11AI.27329 Danville CA 94526 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zdarko, Joel, , , Date of Receipt Mailing Address 1439 Harlan Dr. 2022 City State Zip Code Transaction ID: SA11AI.27330 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	235,00	
Full Name of Individual (Last, First, Middle Ir	Date of Receipt	
Mailing Address	M = M / D = D / Y = Y = Y	
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
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