

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

Office Use Only

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

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

ADDRESS (number and street)

7227 Lee Deforest Drive

Check if different
than previously
reported. (ACC)

Columbia

MD

21046

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00558932

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



Convention (12C)



General (12G)



Special (12S)



Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

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

11 08

2022

in the
State of

5. Covering Period

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

10 20

2022

through

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

11 28

2022

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

Campbell, Tara, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Campbell, Tara, , ,

[Electronically Filed]

Date

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

12 08

2022

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 20 / 2022 To: M M / D D / Y Y Y Y Y Y
11 / 28 / 2022

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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 |
| 7. Total Disbursements (from Line 31)..... | 0.00 | 14750.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 110440.75 | 110440.75 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 0 | | 2 | 0 | 2 | 2 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 2 | 8 | | 2 | 0 | 2 | 2 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 4455.04 | 21852.44 |
| (ii) Unitemized | 640.50 | 19048.54 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 5095.54 | 40900.98 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 5095.54 | 40900.98 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 100.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 5095.54 | 41000.98 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 5095.54 | 41000.98 |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 2000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 12750.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 0.00 | 14750.00 |
| 32. 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

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 5095.54 | 40900.98 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5095.54 | 40900.98 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 0.00 | 0.00 |

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

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

FOR LINE NUMBER: PAGE 6 OF 169

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Allen, Paige, , ,

Mailing Address 440 Woodmoor Drive Apt. 110

City

Lombard

State

IL

Zip Code

60148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26706

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

B. Allen, Paige, , ,

Mailing Address 440 Woodmoor Drive Apt. 110

City

Lombard

State

IL

Zip Code

60148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26707

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

C. Allen, Paige, , ,

Mailing Address 440 Woodmoor Drive Apt. 110

City

Lombard

State

IL

Zip Code

60148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26708

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Allen, Paige, , ,

Mailing Address 440 Woodmoor Drive Apt. 110

City
Lombard

State
IL

Zip Code
60148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26709

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Allen, Paige, , ,

Mailing Address 440 Woodmoor Drive Apt. 110

City
Lombard

State
IL

Zip Code
60148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26710

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Allen, Paige, , ,

Mailing Address 440 Woodmoor Drive Apt. 110

City
Lombard

State
IL

Zip Code
60148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26711

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 169

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

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NAME OF COMMITTEE (In Full)

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

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

A. Alvarez, Heather, L, ,

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26712

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Alvarez, Heather, L, ,

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26713

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Alvarez, Heather, L, ,

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26714

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 9 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Alvarez, Heather, L, ,

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26715

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Alvarez, Heather, L, ,

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26716

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Alvarez, Heather, L, ,

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26717

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

30.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Andrews, Haven, , ,

Mailing Address 21 Harrisecket Rd

City
KennebunkState
MEZip Code
04043FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26718

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

B. Andrews, Haven, , ,

Mailing Address 21 Harrisecket Rd

City
KennebunkState
MEZip Code
04043FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26719

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

C. Andrews, Haven, , ,

Mailing Address 21 Harrisecket Rd

City
KennebunkState
MEZip Code
04043FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26720

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

30.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Andrews, Haven, , ,

Mailing Address 21 Harrisecket Rd

City
KennebunkState
MEZip Code
04043FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26721

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

B. Andrews, Haven, , ,

Mailing Address 21 Harrisecket Rd

City
KennebunkState
MEZip Code
04043FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26722

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

C. Andrews, Haven, , ,

Mailing Address 21 Harrisecket Rd

City
KennebunkState
MEZip Code
04043FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26723

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

30.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Beams, Michael, Irwin Keoke, ,

Mailing Address 2235 Madera Ave

City
Dallas

State
TX

Zip Code
75206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26730

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Beams, Michael, Irwin Keoke, ,

Mailing Address 2235 Madera Ave

City
Dallas

State
TX

Zip Code
75206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26731

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Beams, Michael, Irwin Keoke, ,

Mailing Address 2235 Madera Ave

City
Dallas

State
TX

Zip Code
75206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26732

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 13 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Beams, Michael, Irwin Keoke, ,

Mailing Address 2235 Madera Ave

City
Dallas

State
TX

Zip Code
75206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26733

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Beams, Michael, Irwin Keoke, ,

Mailing Address 2235 Madera Ave

City
Dallas

State
TX

Zip Code
75206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26734

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Beams, Michael, Irwin Keoke, ,

Mailing Address 2235 Madera Ave

City
Dallas

State
TX

Zip Code
75206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26735

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

30.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Besancon, David, L, ,

Mailing Address 4567 Ashview Ct.

City
Hilliard

State
OH

Zip Code
43026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26742

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Besancon, David, L, ,

Mailing Address 4567 Ashview Ct.

City
Hilliard

State
OH

Zip Code
43026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26743

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Besancon, David, L, ,

Mailing Address 4567 Ashview Ct.

City
Hilliard

State
OH

Zip Code
43026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26744

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 169

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

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

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

A. Besancon, David, L, ,

Mailing Address 4567 Ashview Ct.

City
HilliardState
OHZip Code
43026FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26745

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Besancon, David, L, ,

Mailing Address 4567 Ashview Ct.

City
HilliardState
OHZip Code
43026FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26746

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Besancon, David, L, ,

Mailing Address 4567 Ashview Ct.

City
HilliardState
OHZip Code
43026FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26747

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

15.00

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

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 16 OF 169

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

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

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

A. Bevelacqua, Jessica, L, ,

Mailing Address 707 Koa Court

City
Sunnyvale

State
CA

Zip Code
94086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26748

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Bevelacqua, Jessica, L, ,

Mailing Address 707 Koa Court

City
Sunnyvale

State
CA

Zip Code
94086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26749

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Bevelacqua, Jessica, L, ,

Mailing Address 707 Koa Court

City
Sunnyvale

State
CA

Zip Code
94086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26750

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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

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

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

A. Bevelacqua, Jessica, L, ,

Mailing Address 707 Koa Court

City
Sunnyvale

State
CA

Zip Code
94086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26751

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Bevelacqua, Jessica, L, ,

Mailing Address 707 Koa Court

City
Sunnyvale

State
CA

Zip Code
94086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26752

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Bevelacqua, Jessica, L, ,

Mailing Address 707 Koa Court

City
Sunnyvale

State
CA

Zip Code
94086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26753

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 169

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NAME OF COMMITTEE (In Full)

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

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

A. Biegel, Ashleigh, , ,

Mailing Address 11540 Salinas Dr

City
PeytonState
COZip Code
80831FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26754

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

B. Biegel, Ashleigh, , ,

Mailing Address 11540 Salinas Dr

City
PeytonState
COZip Code
80831FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26755

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

C. Biegel, Ashleigh, , ,

Mailing Address 11540 Salinas Dr

City
PeytonState
COZip Code
80831FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26756

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

15.00

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

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 19 OF 169

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

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NAME OF COMMITTEE (In Full)

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

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

A. Biegel, Ashleigh, , ,

Mailing Address 11540 Salinas Dr

City
Peyton

State
CO

Zip Code
80831

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26757

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Biegel, Ashleigh, , ,

Mailing Address 11540 Salinas Dr

City
Peyton

State
CO

Zip Code
80831

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26758

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Biegel, Ashleigh, , ,

Mailing Address 11540 Salinas Dr

City
Peyton

State
CO

Zip Code
80831

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26759

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Bodmer, Christopher, , ,

Mailing Address 903 Sill Ridge Drive

City
O'Fallon

State
MO

Zip Code
63368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26760

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

B. Bodmer, Christopher, , ,

Mailing Address 903 Sill Ridge Drive

City
O'Fallon

State
MO

Zip Code
63368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26761

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

C. Bodmer, Christopher, , ,

Mailing Address 903 Sill Ridge Drive

City
O'Fallon

State
MO

Zip Code
63368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26762

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

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

30.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Bodmer, Christopher, , ,

Mailing Address 903 Sill Ridge Drive

City
O'Fallon

State
MO

Zip Code
63368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26763

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Bodmer, Christopher, , ,

Mailing Address 903 Sill Ridge Drive

City
O'Fallon

State
MO

Zip Code
63368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26764

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Bodmer, Christopher, , ,

Mailing Address 903 Sill Ridge Drive

City
O'Fallon

State
MO

Zip Code
63368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26765

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

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

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Boldizar, Gary, W, ,

Mailing Address 6858 Clubside Dr

City
LovelandState
OHZip Code
45140FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26766

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Boldizar, Gary, W, ,

Mailing Address 6858 Clubside Dr

City
LovelandState
OHZip Code
45140FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26767

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Boldizar, Gary, W, ,

Mailing Address 6858 Clubside Dr

City
LovelandState
OHZip Code
45140FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26768

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

15.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Boldizar, Gary, W, ,

Mailing Address 6858 Clubside Dr

City
Loveland

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26769

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Boldizar, Gary, W, ,

Mailing Address 6858 Clubside Dr

City
Loveland

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26770

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Boldizar, Gary, W, ,

Mailing Address 6858 Clubside Dr

City
Loveland

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26771

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

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

A. Brangaccio, David, Ryan, ,

Mailing Address 6221 Apopka Court

City
Jacksonville

State
FL

Zip Code
32258

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Senior Business Dev Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26772

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Brangaccio, David, Ryan, ,

Mailing Address 6221 Apopka Court

City
Jacksonville

State
FL

Zip Code
32258

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Senior Business Dev Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26773

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Brangaccio, David, Ryan, ,

Mailing Address 6221 Apopka Court

City
Jacksonville

State
FL

Zip Code
32258

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Senior Business Dev Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26774

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 169

(check only one)

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

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

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

A. Brangaccio, David, Ryan, ,

Mailing Address 6221 Apopka Court

City
JacksonvilleState
FLZip Code
32258FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Senior Business Dev Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26775

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Brangaccio, David, Ryan, ,

Mailing Address 6221 Apopka Court

City
JacksonvilleState
FLZip Code
32258FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Senior Business Dev Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26776

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Brangaccio, David, Ryan, ,

Mailing Address 6221 Apopka Court

City
JacksonvilleState
FLZip Code
32258FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Senior Business Dev Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26777

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

15.00

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

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

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Detailed Summary Page

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

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

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

A. Brickhouse, Duane, , ,

Mailing Address 3605 Ligon Road

City
Ellicott City

State
MD

Zip Code
21042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26778

Amount of Each Receipt this Period

15.00

☐ Memo Item
Payroll Deduction

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

B. Brickhouse, Duane, , ,

Mailing Address 3605 Ligon Road

City
Ellicott City

State
MD

Zip Code
21042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26779

Amount of Each Receipt this Period

15.00

☐ Memo Item
Payroll Deduction

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

C. Brickhouse, Duane, , ,

Mailing Address 3605 Ligon Road

City
Ellicott City

State
MD

Zip Code
21042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26780

Amount of Each Receipt this Period

15.00

☐ Memo Item
Payroll Deduction

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

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

45.00

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

Use separate schedule(s)
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(check only one)

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

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

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

A. Brickhouse, Duane, , ,

Mailing Address 3605 Ligon Road

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2022

Transaction ID : SA11AI.26781

Amount of Each Receipt this Period

15.00

☐ Memo Item
☐ Payroll Deduction

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

B. Brickhouse, Duane, , ,

Mailing Address 3605 Ligon Road

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2022

Transaction ID : SA11AI.26782

Amount of Each Receipt this Period

15.00

☐ Memo Item
☐ Payroll Deduction

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

C. Brickhouse, Duane, , ,

Mailing Address 3605 Ligon Road

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2022

Transaction ID : SA11AI.26783

Amount of Each Receipt this Period

15.00

☐ Memo Item
☐ Payroll Deduction

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Budall, Bijan, , ,

Mailing Address 4301 Jefferson St

City
Hollywood

State
FL

Zip Code
33021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26784

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Budall, Bijan, , ,

Mailing Address 4301 Jefferson St

City
Hollywood

State
FL

Zip Code
33021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26785

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Budall, Bijan, , ,

Mailing Address 4301 Jefferson St

City
Hollywood

State
FL

Zip Code
33021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26786

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 29 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Budall, Bijan, , ,

Mailing Address 4301 Jefferson St

City
Hollywood

State
FL

Zip Code
33021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26787

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Budall, Bijan, , ,

Mailing Address 4301 Jefferson St

City
Hollywood

State
FL

Zip Code
33021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26788

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Budall, Bijan, , ,

Mailing Address 4301 Jefferson St

City
Hollywood

State
FL

Zip Code
33021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26789

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

15.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Burke, Steven, L, ,

Mailing Address 701 W Hampton Ave

City
Loves Park

State
IL

Zip Code
61111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26790

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Burke, Steven, L, ,

Mailing Address 701 W Hampton Ave

City
Loves Park

State
IL

Zip Code
61111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26791

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Burke, Steven, L, ,

Mailing Address 701 W Hampton Ave

City
Loves Park

State
IL

Zip Code
61111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26792

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 31 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Burke, Steven, L, ,

Mailing Address 701 W Hampton Ave

City
Loves Park

State
IL

Zip Code
61111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26793

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Burke, Steven, L, ,

Mailing Address 701 W Hampton Ave

City
Loves Park

State
IL

Zip Code
61111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26794

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Burke, Steven, L, ,

Mailing Address 701 W Hampton Ave

City
Loves Park

State
IL

Zip Code
61111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26795

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Campbell, Brandi, Marie, ,

Mailing Address 1450 Kingsbury Ct

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26796

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Campbell, Brandi, Marie, ,

Mailing Address 1450 Kingsbury Ct

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26797

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Campbell, Brandi, Marie, ,

Mailing Address 1450 Kingsbury Ct

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26798

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 33 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Campbell, Brandi, Marie, ,

Mailing Address 1450 Kingsbury Ct

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26799

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Campbell, Brandi, Marie, ,

Mailing Address 1450 Kingsbury Ct

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26800

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Campbell, Brandi, Marie, ,

Mailing Address 1450 Kingsbury Ct

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26801

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
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PAGE 34 OF 169

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

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

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

A. Campbell, Theodore, Allen, ,

Mailing Address 9338 Merlot Circle

City
Breinigsville

State
PA

Zip Code
18031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 21 / 2022

Transaction ID : SA11AI.26802

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Campbell, Theodore, Allen, ,

Mailing Address 9338 Merlot Circle

City
Breinigsville

State
PA

Zip Code
18031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

10 / 28 / 2022

Transaction ID : SA11AI.26803

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Campbell, Theodore, Allen, ,

Mailing Address 9338 Merlot Circle

City
Breinigsville

State
PA

Zip Code
18031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 04 / 2022

Transaction ID : SA11AI.26804

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 35 OF 169

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

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NAME OF COMMITTEE (In Full)

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

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

A. Campbell, Theodore, Allen, ,

Mailing Address 9338 Merlot Circle

City
Breinigsville

State
PA

Zip Code
18031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26805

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Campbell, Theodore, Allen, ,

Mailing Address 9338 Merlot Circle

City
Breinigsville

State
PA

Zip Code
18031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26806

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Campbell, Theodore, Allen, ,

Mailing Address 9338 Merlot Circle

City
Breinigsville

State
PA

Zip Code
18031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26807

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Campion, Michael, James, ,

Mailing Address 205 Nomini Drive

City
Arnold

State
MD

Zip Code
21012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director, Learning and Centers

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26808

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Campion, Michael, James, ,

Mailing Address 205 Nomini Drive

City
Arnold

State
MD

Zip Code
21012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director, Learning and Centers

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26809

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Campion, Michael, James, ,

Mailing Address 205 Nomini Drive

City
Arnold

State
MD

Zip Code
21012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director, Learning and Centers

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26810

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 37 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Campion, Michael, James, ,

Mailing Address 205 Nomini Drive

City
Arnold

State
MD

Zip Code
21012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director, Learning and Centers

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26811

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Campion, Michael, James, ,

Mailing Address 205 Nomini Drive

City
Arnold

State
MD

Zip Code
21012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director, Learning and Centers

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26812

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Campion, Michael, James, ,

Mailing Address 205 Nomini Drive

City
Arnold

State
MD

Zip Code
21012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director, Learning and Centers

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26813

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 169

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

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NAME OF COMMITTEE (In Full)

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

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

A. Ceron, Kelly, N, ,

Mailing Address 15735 Arabian Way

City
Montverde

State
FL

Zip Code
34756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 21 / 2022

Transaction ID : SA11AI.26814

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

B. Ceron, Kelly, N, ,

Mailing Address 15735 Arabian Way

City
Montverde

State
FL

Zip Code
34756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

10 / 28 / 2022

Transaction ID : SA11AI.26815

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

C. Ceron, Kelly, N, ,

Mailing Address 15735 Arabian Way

City
Montverde

State
FL

Zip Code
34756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 04 / 2022

Transaction ID : SA11AI.26816

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 39 OF 169

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Ceron, Kelly, N, ,

Mailing Address 15735 Arabian Way

City
Montverde

State
FL

Zip Code
34756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26817

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Ceron, Kelly, N, ,

Mailing Address 15735 Arabian Way

City
Montverde

State
FL

Zip Code
34756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26818

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Ceron, Kelly, N, ,

Mailing Address 15735 Arabian Way

City
Montverde

State
FL

Zip Code
34756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26819

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

30.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Charboneau, Diane, T, ,

Mailing Address 8230 East Levitt St

City
Wichita

State
KS

Zip Code
67207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26820

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Charboneau, Diane, T, ,

Mailing Address 8230 East Levitt St

City
Wichita

State
KS

Zip Code
67207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26821

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Charboneau, Diane, T, ,

Mailing Address 8230 East Levitt St

City
Wichita

State
KS

Zip Code
67207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26822

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Charboneau, Diane, T, ,

Mailing Address 8230 East Levitt St

City
Wichita

State
KS

Zip Code
67207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26823

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Charboneau, Diane, T, ,

Mailing Address 8230 East Levitt St

City
Wichita

State
KS

Zip Code
67207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26824

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Charboneau, Diane, T, ,

Mailing Address 8230 East Levitt St

City
Wichita

State
KS

Zip Code
67207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26825

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 42 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Charles, Veronica, lee, ,

Mailing Address 1232 Florida Ave NE

City
Washington

State
DC

Zip Code
20002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26826

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Charles, Veronica, lee, ,

Mailing Address 1232 Florida Ave NE

City
Washington

State
DC

Zip Code
20002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26827

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Charles, Veronica, lee, ,

Mailing Address 1232 Florida Ave NE

City
Washington

State
DC

Zip Code
20002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26828

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

30.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Charles, Veronica, lee, ,

Mailing Address 1232 Florida Ave NE

City
Washington

State
DC

Zip Code
20002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26829

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Charles, Veronica, lee, ,

Mailing Address 1232 Florida Ave NE

City
Washington

State
DC

Zip Code
20002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26830

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Charles, Veronica, lee, ,

Mailing Address 1232 Florida Ave NE

City
Washington

State
DC

Zip Code
20002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26831

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

30.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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

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

A. Christofferson, Tiffany, M, ,

Mailing Address 79824 Bethpage Ave

City
Indio

State
CA

Zip Code
92201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26832

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Christofferson, Tiffany, M, ,

Mailing Address 79824 Bethpage Ave

City
Indio

State
CA

Zip Code
92201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26833

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Christofferson, Tiffany, M, ,

Mailing Address 79824 Bethpage Ave

City
Indio

State
CA

Zip Code
92201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26834

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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

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

A. Christofferson, Tiffany, M, ,

Mailing Address 79824 Bethpage Ave

City
Indio

State
CA

Zip Code
92201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26835

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Christofferson, Tiffany, M, ,

Mailing Address 79824 Bethpage Ave

City
Indio

State
CA

Zip Code
92201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26836

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Christofferson, Tiffany, M, ,

Mailing Address 79824 Bethpage Ave

City
Indio

State
CA

Zip Code
92201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26837

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Colleran, Kimberly, Ann, ,

Mailing Address 187 Market St.

City

Pittston Twp

State

PA

Zip Code

18640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26844

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

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

B. Colleran, Kimberly, Ann, ,

Mailing Address 187 Market St.

City

Pittston Twp

State

PA

Zip Code

18640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26845

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

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

C. Colleran, Kimberly, Ann, ,

Mailing Address 187 Market St.

City

Pittston Twp

State

PA

Zip Code

18640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26846

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

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

15.00

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

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

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

FOR LINE NUMBER: PAGE 47 OF 169

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Colleran, Kimberly, Ann, ,

Mailing Address 187 Market St.

City

Pittston Twp

State

PA

Zip Code

18640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26847

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

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

B. Colleran, Kimberly, Ann, ,

Mailing Address 187 Market St.

City

Pittston Twp

State

PA

Zip Code

18640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26848

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

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

C. Colleran, Kimberly, Ann, ,

Mailing Address 187 Market St.

City

Pittston Twp

State

PA

Zip Code

18640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26849

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

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

15.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Colvard, Tracy, , ,

Mailing Address 2609 Pathview Court

City
Raleigh

State
NC

Zip Code
27613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26850

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Colvard, Tracy, , ,

Mailing Address 2609 Pathview Court

City
Raleigh

State
NC

Zip Code
27613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26851

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Colvard, Tracy, , ,

Mailing Address 2609 Pathview Court

City
Raleigh

State
NC

Zip Code
27613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26852

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 49 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Colvard, Tracy, , ,

Mailing Address 2609 Pathview Court

City
Raleigh

State
NC

Zip Code
27613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26853

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Colvard, Tracy, , ,

Mailing Address 2609 Pathview Court

City
Raleigh

State
NC

Zip Code
27613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26854

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Colvard, Tracy, , ,

Mailing Address 2609 Pathview Court

City
Raleigh

State
NC

Zip Code
27613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26855

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 50 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Cowan, Kristen, Jane, ,

Mailing Address 2711 S Aerial Dr

City
PeoriaState
ILZip Code
61607FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 21 / 2022

Transaction ID : SA11AI.26856

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

B. Cowan, Kristen, Jane, ,

Mailing Address 2711 S Aerial Dr

City
PeoriaState
ILZip Code
61607FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2022

Transaction ID : SA11AI.26857

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

C. Cowan, Kristen, Jane, ,

Mailing Address 2711 S Aerial Dr

City
PeoriaState
ILZip Code
61607FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 04 / 2022

Transaction ID : SA11AI.26858

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Cowan, Kristen, Jane, ,

Mailing Address 2711 S Aerial Dr

City
Peoria

State
IL

Zip Code
61607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26859

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Cowan, Kristen, Jane, ,

Mailing Address 2711 S Aerial Dr

City
Peoria

State
IL

Zip Code
61607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26860

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Cowan, Kristen, Jane, ,

Mailing Address 2711 S Aerial Dr

City
Peoria

State
IL

Zip Code
61607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26861

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Crane, Barbara, A, ,

Mailing Address 2735 Dana Loop

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager II

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26862

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Crane, Barbara, A, ,

Mailing Address 2735 Dana Loop

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager II

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26863

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Crane, Barbara, A, ,

Mailing Address 2735 Dana Loop

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager II

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26864

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

15.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Crane, Barbara, A, ,

Mailing Address 2735 Dana Loop

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager II

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26865

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

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

B. Crane, Barbara, A, ,

Mailing Address 2735 Dana Loop

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager II

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26866

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

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

C. Crane, Barbara, A, ,

Mailing Address 2735 Dana Loop

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager II

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26867

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

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

15.00

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

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

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for each category of the
Detailed Summary Page

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PAGE 54 OF 169

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

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NAME OF COMMITTEE (In Full)

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

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

A. Crawn, Susan, K, ,

Mailing Address 1045 Braewick Cir. NW

City
Massillon

State
OH

Zip Code
44646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26868

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Crawn, Susan, K, ,

Mailing Address 1045 Braewick Cir. NW

City
Massillon

State
OH

Zip Code
44646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26869

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Crawn, Susan, K, ,

Mailing Address 1045 Braewick Cir. NW

City
Massillon

State
OH

Zip Code
44646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26870

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

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

30.00

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

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PAGE 55 OF 169

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

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NAME OF COMMITTEE (In Full)

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

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

A. Crawn, Susan, K, ,

Mailing Address 1045 Braewick Cir. NW

City
Massillon

State
OH

Zip Code
44646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26871

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Crawn, Susan, K, ,

Mailing Address 1045 Braewick Cir. NW

City
Massillon

State
OH

Zip Code
44646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26872

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Crawn, Susan, K, ,

Mailing Address 1045 Braewick Cir. NW

City
Massillon

State
OH

Zip Code
44646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26873

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER:
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PAGE 56 OF 169

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

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NAME OF COMMITTEE (In Full)

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

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

A. Davies, Michael, Alexander, ,

Mailing Address 115 Bellows Dr

City
Carlisle

State
PA

Zip Code
17015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26874

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Davies, Michael, Alexander, ,

Mailing Address 115 Bellows Dr

City
Carlisle

State
PA

Zip Code
17015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26875

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Davies, Michael, Alexander, ,

Mailing Address 115 Bellows Dr

City
Carlisle

State
PA

Zip Code
17015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26876

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Davies, Michael, Alexander, ,

Mailing Address 115 Bellows Dr

City
CarlisleState
PAZip Code
17015FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26877

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Davies, Michael, Alexander, ,

Mailing Address 115 Bellows Dr

City
CarlisleState
PAZip Code
17015FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26878

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Davies, Michael, Alexander, ,

Mailing Address 115 Bellows Dr

City
CarlisleState
PAZip Code
17015FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26879

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 58 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Deeb, Brandi, L, ,

Mailing Address 1506 Terra Oaks Court

City
Mount Airy

State
MD

Zip Code
21771

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Controller - Regional HH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26880

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Deeb, Brandi, L, ,

Mailing Address 1506 Terra Oaks Court

City
Mount Airy

State
MD

Zip Code
21771

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Controller - Regional HH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26881

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Deeb, Brandi, L, ,

Mailing Address 1506 Terra Oaks Court

City
Mount Airy

State
MD

Zip Code
21771

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Controller - Regional HH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26882

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 59 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Deeb, Brandi, L, ,

Mailing Address 1506 Terra Oaks Court

City
Mount Airy

State
MD

Zip Code
21771

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Controller - Regional HH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26883

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Deeb, Brandi, L, ,

Mailing Address 1506 Terra Oaks Court

City
Mount Airy

State
MD

Zip Code
21771

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Controller - Regional HH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26884

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Deeb, Brandi, L, ,

Mailing Address 1506 Terra Oaks Court

City
Mount Airy

State
MD

Zip Code
21771

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Controller - Regional HH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26885

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. DePriest, Jarrod, , ,

Mailing Address 51 Miller Place x2807

City
Edwards

State
CO

Zip Code
81632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26886

Amount of Each Receipt this Period

30.00

☐ Memo Item
Payroll Deduction

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

B. DePriest, Jarrod, , ,

Mailing Address 51 Miller Place x2807

City
Edwards

State
CO

Zip Code
81632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26887

Amount of Each Receipt this Period

30.00

☐ Memo Item
Payroll Deduction

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

C. DePriest, Jarrod, , ,

Mailing Address 51 Miller Place x2807

City
Edwards

State
CO

Zip Code
81632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26888

Amount of Each Receipt this Period

30.00

☐ Memo Item
Payroll Deduction

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

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

90.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. DePriest, Jarrod, , ,

Mailing Address 51 Miller Place x2807

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26889

Amount of Each Receipt this Period

30.00

☐ Memo Item
☐ Payroll Deduction

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

B. DePriest, Jarrod, , ,

Mailing Address 51 Miller Place x2807

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26890

Amount of Each Receipt this Period

30.00

☐ Memo Item
☐ Payroll Deduction

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

C. DePriest, Jarrod, , ,

Mailing Address 51 Miller Place x2807

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26891

Amount of Each Receipt this Period

30.00

☐ Memo Item
☐ Payroll Deduction

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

90.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Diaz, Matthew, M, ,

Mailing Address 4910 Regal Court

City
Rocklin

State
CA

Zip Code
95765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26892

Amount of Each Receipt this Period

30.00

☐ Memo Item
Payroll Deduction

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

B. Diaz, Matthew, M, ,

Mailing Address 4910 Regal Court

City
Rocklin

State
CA

Zip Code
95765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26893

Amount of Each Receipt this Period

30.00

☐ Memo Item
Payroll Deduction

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

C. Diaz, Matthew, M, ,

Mailing Address 4910 Regal Court

City
Rocklin

State
CA

Zip Code
95765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26894

Amount of Each Receipt this Period

30.00

☐ Memo Item
Payroll Deduction

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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

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

A. Diaz, Matthew, M, ,

Mailing Address 4910 Regal Court

City
Rocklin

State
CA

Zip Code
95765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26895

Amount of Each Receipt this Period

30.00

☐ Memo Item
Payroll Deduction

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

B. Diaz, Matthew, M, ,

Mailing Address 4910 Regal Court

City
Rocklin

State
CA

Zip Code
95765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26896

Amount of Each Receipt this Period

30.00

☐ Memo Item
Payroll Deduction

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

C. Diaz, Matthew, M, ,

Mailing Address 4910 Regal Court

City
Rocklin

State
CA

Zip Code
95765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26897

Amount of Each Receipt this Period

30.00

☐ Memo Item
Payroll Deduction

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

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

90.00

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

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

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

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

A. Dover, Wesley, R, ,

Mailing Address 6919 Saratoga Estates Dr

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26898

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Dover, Wesley, R, ,

Mailing Address 6919 Saratoga Estates Dr

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26899

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Dover, Wesley, R, ,

Mailing Address 6919 Saratoga Estates Dr

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26900

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 169

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

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NAME OF COMMITTEE (In Full)

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

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

A. Dover, Wesley, R, ,

Mailing Address 6919 Saratoga Estates Dr

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26901

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Dover, Wesley, R, ,

Mailing Address 6919 Saratoga Estates Dr

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26902

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Dover, Wesley, R, ,

Mailing Address 6919 Saratoga Estates Dr

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26903

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Finley, Adam, B, ,

Mailing Address 6355 E. Lyell Ave

City
FresnoState
CAZip Code
93727FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26910

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Finley, Adam, B, ,

Mailing Address 6355 E. Lyell Ave

City
FresnoState
CAZip Code
93727FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26911

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Finley, Adam, B, ,

Mailing Address 6355 E. Lyell Ave

City
FresnoState
CAZip Code
93727FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26912

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

15.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 169

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

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NAME OF COMMITTEE (In Full)

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

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

A. Finley, Adam, B, ,

Mailing Address 6355 E. Lyell Ave

City
Fresno

State
CA

Zip Code
93727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26913

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Finley, Adam, B, ,

Mailing Address 6355 E. Lyell Ave

City
Fresno

State
CA

Zip Code
93727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26914

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Finley, Adam, B, ,

Mailing Address 6355 E. Lyell Ave

City
Fresno

State
CA

Zip Code
93727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26915

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Foster, Claire, K, ,

Mailing Address 2707 Columbia Avenue

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26916

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Foster, Claire, K, ,

Mailing Address 2707 Columbia Avenue

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26917

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Foster, Claire, K, ,

Mailing Address 2707 Columbia Avenue

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26918

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

30.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 OF 169

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

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NAME OF COMMITTEE (In Full)

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

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

A. Foster, Claire, K, ,

Mailing Address 2707 Columbia Avenue

City
Wilmington

State
NC

Zip Code
28403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director- Field Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26919

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

B. Foster, Claire, K, ,

Mailing Address 2707 Columbia Avenue

City
Wilmington

State
NC

Zip Code
28403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director- Field Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26920

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

C. Foster, Claire, K, ,

Mailing Address 2707 Columbia Avenue

City
Wilmington

State
NC

Zip Code
28403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director- Field Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26921

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 70 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Friedman, Toni-Jean, Lisa, ,

Mailing Address 3911 Briar Knoll Cir

City
Phoenix

State
MD

Zip Code
21131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
SVP - General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26922

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Friedman, Toni-Jean, Lisa, ,

Mailing Address 3911 Briar Knoll Cir

City
Phoenix

State
MD

Zip Code
21131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
SVP - General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26923

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Friedman, Toni-Jean, Lisa, ,

Mailing Address 3911 Briar Knoll Cir

City
Phoenix

State
MD

Zip Code
21131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
SVP - General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26924

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 71 OF 169

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Friedman, Toni-Jean, Lisa, ,

Mailing Address 3911 Briar Knoll Cir

City
PhoenixState
MDZip Code
21131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
SVP - General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26925

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

B. Friedman, Toni-Jean, Lisa, ,

Mailing Address 3911 Briar Knoll Cir

City
PhoenixState
MDZip Code
21131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
SVP - General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26926

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

C. Friedman, Toni-Jean, Lisa, ,

Mailing Address 3911 Briar Knoll Cir

City
PhoenixState
MDZip Code
21131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
SVP - General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26927

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

15.00

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

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

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

FOR LINE NUMBER: PAGE 72 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Galbreath, Joshua, , ,

Mailing Address 2470 E Baldwin Rd

City

Grand Blanc

State

MI

Zip Code

48439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26928

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Galbreath, Joshua, , ,

Mailing Address 2470 E Baldwin Rd

City

Grand Blanc

State

MI

Zip Code

48439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26929

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Galbreath, Joshua, , ,

Mailing Address 2470 E Baldwin Rd

City

Grand Blanc

State

MI

Zip Code

48439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26930

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Galbreath, Joshua, , ,

Mailing Address 2470 E Baldwin Rd

City

Grand Blanc

State

MI

Zip Code

48439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Operations Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26931

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Galbreath, Joshua, , ,

Mailing Address 2470 E Baldwin Rd

City

Grand Blanc

State

MI

Zip Code

48439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Operations Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26932

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Galbreath, Joshua, , ,

Mailing Address 2470 E Baldwin Rd

City

Grand Blanc

State

MI

Zip Code

48439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Operations Manager

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26933

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

15.00

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

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Gering, Joseph, , ,

Mailing Address 6010 S. Freya St

City
Spokane

State
WA

Zip Code
99223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26940

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

B. Gering, Joseph, , ,

Mailing Address 6010 S. Freya St

City
Spokane

State
WA

Zip Code
99223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26941

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

C. Gering, Joseph, , ,

Mailing Address 6010 S. Freya St

City
Spokane

State
WA

Zip Code
99223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26942

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

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

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 OF 169

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Gering, Joseph, , ,

Mailing Address 6010 S. Freya St

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26943

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Gering, Joseph, , ,

Mailing Address 6010 S. Freya St

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26944

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Gering, Joseph, , ,

Mailing Address 6010 S. Freya St

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26945

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 76 OF 169

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Huffman, Whitney, , ,

Mailing Address 4537 Laurelwood Dr

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26981

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

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

B. Huffman, Whitney, , ,

Mailing Address 4537 Laurelwood Dr

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26982

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

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

C. Huffman, Whitney, , ,

Mailing Address 4537 Laurelwood Dr

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26983

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

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

15.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 169

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Huffman, Whitney, , ,

Mailing Address 4537 Laurelwood Dr

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26984

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

B. Huffman, Whitney, , ,

Mailing Address 4537 Laurelwood Dr

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26985

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

C. Huffman, Whitney, , ,

Mailing Address 4537 Laurelwood Dr

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26986

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Jones, Blake, W, ,

Mailing Address 1508 Charleston Lane

City
Loveland

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26987

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Jones, Blake, W, ,

Mailing Address 1508 Charleston Lane

City
Loveland

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26988

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Jones, Blake, W, ,

Mailing Address 1508 Charleston Lane

City
Loveland

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26989

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Jones, Blake, W, ,

Mailing Address 1508 Charleston Lane

City
Loveland

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.26990

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Jones, Blake, W, ,

Mailing Address 1508 Charleston Lane

City
Loveland

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.26991

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Jones, Blake, W, ,

Mailing Address 1508 Charleston Lane

City
Loveland

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.26992

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 169

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

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NAME OF COMMITTEE (In Full)

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

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

A. Josephson, Adam, , ,

Mailing Address 5250 Angelina Rd

City

Oceanside

State

CA

Zip Code

92056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.26993

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

B. Josephson, Adam, , ,

Mailing Address 5250 Angelina Rd

City

Oceanside

State

CA

Zip Code

92056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.26994

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

C. Josephson, Adam, , ,

Mailing Address 5250 Angelina Rd

City

Oceanside

State

CA

Zip Code

92056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.26995

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

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

30.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 81 OF 169

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

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NAME OF COMMITTEE (In Full)

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

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

A. Josephson, Adam, , ,

Mailing Address 5250 Angelina Rd

City

Oceanside

State

CA

Zip Code

92056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.26996

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

B. Josephson, Adam, , ,

Mailing Address 5250 Angelina Rd

City

Oceanside

State

CA

Zip Code

92056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.26997

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

C. Josephson, Adam, , ,

Mailing Address 5250 Angelina Rd

City

Oceanside

State

CA

Zip Code

92056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.26998

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

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

30.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Kreps, Troy, R, ,

Mailing Address 988 Presidential Blvd Apt 18

City
Toms River

State
NJ

Zip Code
08753

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
National Recruiter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 21 / 2022

Transaction ID : SA11AI.26999

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

B. Kreps, Troy, R, ,

Mailing Address 988 Presidential Blvd Apt 18

City
Toms River

State
NJ

Zip Code
08753

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
National Recruiter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

10 / 28 / 2022

Transaction ID : SA11AI.27000

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

C. Kreps, Troy, R, ,

Mailing Address 988 Presidential Blvd Apt 18

City
Toms River

State
NJ

Zip Code
08753

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
National Recruiter

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 04 / 2022

Transaction ID : SA11AI.27001

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

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

15.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

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

A. Kreps, Troy, R, ,

Mailing Address 988 Presidential Blvd Apt 18

City
Toms River

State
NJ

Zip Code
08753

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
National Recruiter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.27002

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Kreps, Troy, R, ,

Mailing Address 988 Presidential Blvd Apt 18

City
Toms River

State
NJ

Zip Code
08753

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
National Recruiter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.27003

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Kreps, Troy, R, ,

Mailing Address 988 Presidential Blvd Apt 18

City
Toms River

State
NJ

Zip Code
08753

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
National Recruiter

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.27004

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

15.00

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

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

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

FOR LINE NUMBER: PAGE 84 OF 169

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City
Winnabow

State
NC

Zip Code
28479

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 21 / 2022

Transaction ID : SA11AI.27005

Amount of Each Receipt this Period

30.00

☐ Memo Item
 Payroll Deduction

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

B. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City
Winnabow

State
NC

Zip Code
28479

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2022

Transaction ID : SA11AI.27006

Amount of Each Receipt this Period

30.00

☐ Memo Item
 Payroll Deduction

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

C. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City
Winnabow

State
NC

Zip Code
28479

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 04 / 2022

Transaction ID : SA11AI.27007

Amount of Each Receipt this Period

30.00

☐ Memo Item
 Payroll Deduction

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

90.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 OF 169

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27008

Amount of Each Receipt this Period

30.00

☐ Memo Item
☐ Payroll Deduction

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

B. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27009

Amount of Each Receipt this Period

30.00

☐ Memo Item
☐ Payroll Deduction

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

C. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27010

Amount of Each Receipt this Period

30.00

☐ Memo Item
☐ Payroll Deduction

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

90.00

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

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Loesser, Lisa, Marie, ,

Mailing Address 35 Hastings Rd.

City
Yardville

State
NJ

Zip Code
08620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27011

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Loesser, Lisa, Marie, ,

Mailing Address 35 Hastings Rd.

City
Yardville

State
NJ

Zip Code
08620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27012

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Loesser, Lisa, Marie, ,

Mailing Address 35 Hastings Rd.

City
Yardville

State
NJ

Zip Code
08620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27013

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

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

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

A. Loesser, Lisa, Marie, ,

Mailing Address 35 Hastings Rd.

City
Yardville

State
NJ

Zip Code
08620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.27014

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Loesser, Lisa, Marie, ,

Mailing Address 35 Hastings Rd.

City
Yardville

State
NJ

Zip Code
08620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.27015

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Loesser, Lisa, Marie, ,

Mailing Address 35 Hastings Rd.

City
Yardville

State
NJ

Zip Code
08620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.27016

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 169

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

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NAME OF COMMITTEE (In Full)

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

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

A. Magrini, Joshua, Mark, ,

Mailing Address 1012 Hunter Ave

City
OrlandoState
FLZip Code
32804FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27017

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Magrini, Joshua, Mark, ,

Mailing Address 1012 Hunter Ave

City
OrlandoState
FLZip Code
32804FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27018

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Magrini, Joshua, Mark, ,

Mailing Address 1012 Hunter Ave

City
OrlandoState
FLZip Code
32804FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27019

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

15.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Magrini, Joshua, Mark, ,

Mailing Address 1012 Hunter Ave

City
Orlando

State
FL

Zip Code
32804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.27020

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

B. Magrini, Joshua, Mark, ,

Mailing Address 1012 Hunter Ave

City
Orlando

State
FL

Zip Code
32804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.27021

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

C. Magrini, Joshua, Mark, ,

Mailing Address 1012 Hunter Ave

City
Orlando

State
FL

Zip Code
32804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.27022

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

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

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

A. Maloney, Daniel, P, ,

Mailing Address 349 Borica Drive

City
DanvilleState
CAZip Code
94526FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27029

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

B. Maloney, Daniel, P, ,

Mailing Address 349 Borica Drive

City
DanvilleState
CAZip Code
94526FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27030

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

C. Maloney, Daniel, P, ,

Mailing Address 349 Borica Drive

City
DanvilleState
CAZip Code
94526FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27031

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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Detailed Summary Page

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

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

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

A. Maloney, Daniel, P, ,

Mailing Address 349 Borica Drive

City
DanvilleState
CAZip Code
94526FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27032

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

B. Maloney, Daniel, P, ,

Mailing Address 349 Borica Drive

City
DanvilleState
CAZip Code
94526FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27033

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

C. Maloney, Daniel, P, ,

Mailing Address 349 Borica Drive

City
DanvilleState
CAZip Code
94526FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27034

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

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

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

15.00

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martin-Greene, Drake, , ,

Mailing Address 3035 Berkeley Ave

City

Lake Tahoe

State

CA

Zip Code

96150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27041

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martin-Greene, Drake, , ,

Mailing Address 3035 Berkeley Ave

City

Lake Tahoe

State

CA

Zip Code

96150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27042

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martin-Greene, Drake, , ,

Mailing Address 3035 Berkeley Ave

City

Lake Tahoe

State

CA

Zip Code

96150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27043

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 93 OF 169

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martin-Greene, Drake, , ,

Mailing Address 3035 Berkeley Ave

City

Lake Tahoe

State

CA

Zip Code

96150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.27044

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martin-Greene, Drake, , ,

Mailing Address 3035 Berkeley Ave

City

Lake Tahoe

State

CA

Zip Code

96150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.27045

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martin-Greene, Drake, , ,

Mailing Address 3035 Berkeley Ave

City

Lake Tahoe

State

CA

Zip Code

96150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.27046

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 169

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City
Glenshaw

State
PA

Zip Code
15116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27035

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City
Glenshaw

State
PA

Zip Code
15116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27036

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City
Glenshaw

State
PA

Zip Code
15116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27037

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 169

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City
GlenshawState
PAZip Code
15116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27038

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City
GlenshawState
PAZip Code
15116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27039

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City
GlenshawState
PAZip Code
15116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27040

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McNamara, Daniel, B, ,

Mailing Address 51 Cypress St

City
Floral Park

State
NY

Zip Code
11001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27050

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McNamara, Daniel, B, ,

Mailing Address 51 Cypress St

City
Floral Park

State
NY

Zip Code
11001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27051

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McNamara, Daniel, B, ,

Mailing Address 51 Cypress St

City
Floral Park

State
NY

Zip Code
11001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27052

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McNamara, Daniel, B, ,

Mailing Address 51 Cypress St

City
Floral Park

State
NY

Zip Code
11001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.27053

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McNamara, Daniel, B, ,

Mailing Address 51 Cypress St

City
Floral Park

State
NY

Zip Code
11001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.27054

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McNamara, Daniel, B, ,

Mailing Address 51 Cypress St

City
Floral Park

State
NY

Zip Code
11001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.27055

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Melone, Lisa, M, ,

Mailing Address 6643 Applewood Blvd

City

Boardman

State

OH

Zip Code

44512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27056

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Melone, Lisa, M, ,

Mailing Address 6643 Applewood Blvd

City

Boardman

State

OH

Zip Code

44512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27057

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Melone, Lisa, M, ,

Mailing Address 6643 Applewood Blvd

City

Boardman

State

OH

Zip Code

44512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27058

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Melone, Lisa, M, ,

Mailing Address 6643 Applewood Blvd

City

Boardman

State

OH

Zip Code

44512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.27059

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Melone, Lisa, M, ,

Mailing Address 6643 Applewood Blvd

City

Boardman

State

OH

Zip Code

44512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.27060

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Melone, Lisa, M, ,

Mailing Address 6643 Applewood Blvd

City

Boardman

State

OH

Zip Code

44512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.27061

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstans Road

City
Baltimore

State
MD

Zip Code
21212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27062

Amount of Each Receipt this Period

28.84

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstans Road

City
Baltimore

State
MD

Zip Code
21212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27063

Amount of Each Receipt this Period

28.84

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstans Road

City
Baltimore

State
MD

Zip Code
21212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1268.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27064

Amount of Each Receipt this Period

28.84

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstans Road

City
Baltimore

State
MD

Zip Code
21212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1297.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27065

Amount of Each Receipt this Period

28.84

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstans Road

City
Baltimore

State
MD

Zip Code
21212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1326.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27066

Amount of Each Receipt this Period

28.84

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstans Road

City
Baltimore

State
MD

Zip Code
21212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1355.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27067

Amount of Each Receipt this Period

28.84

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

86.52

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nichols, James, , ,

Mailing Address 296 Dandridge Dr.

City
Franklin

State
TN

Zip Code
37067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27068

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nichols, James, , ,

Mailing Address 296 Dandridge Dr.

City
Franklin

State
TN

Zip Code
37067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27069

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nichols, James, , ,

Mailing Address 296 Dandridge Dr.

City
Franklin

State
TN

Zip Code
37067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27070

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nichols, James, , ,

Mailing Address 296 Dandridge Dr.

City
FranklinState
TNZip Code
37067FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27071

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nichols, James, , ,

Mailing Address 296 Dandridge Dr.

City
FranklinState
TNZip Code
37067FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27072

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nichols, James, , ,

Mailing Address 296 Dandridge Dr.

City
FranklinState
TNZip Code
37067FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27073

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Papazis, Cynthia, A, ,

Mailing Address 860 Via Barquero

City

San Marcos

State

CA

Zip Code

92069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Clinical Ops

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27080

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Papazis, Cynthia, A, ,

Mailing Address 860 Via Barquero

City

San Marcos

State

CA

Zip Code

92069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Clinical Ops

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27081

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Papazis, Cynthia, A, ,

Mailing Address 860 Via Barquero

City

San Marcos

State

CA

Zip Code

92069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Clinical Ops

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27082

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

15.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 105 OF 169

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Papazis, Cynthia, A, ,

Mailing Address 860 Via Barquero

City
San MarcosState
CAZip Code
92069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27083

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Papazis, Cynthia, A, ,

Mailing Address 860 Via Barquero

City
San MarcosState
CAZip Code
92069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27084

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Papazis, Cynthia, A, ,

Mailing Address 860 Via Barquero

City
San MarcosState
CAZip Code
92069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27085

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

15.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Passabet, David, J, ,

Mailing Address 110 Lorna Doone Dr

City
Yorktown

State
VA

Zip Code
23692

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27086

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Passabet, David, J, ,

Mailing Address 110 Lorna Doone Dr

City
Yorktown

State
VA

Zip Code
23692

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27087

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Passabet, David, J, ,

Mailing Address 110 Lorna Doone Dr

City
Yorktown

State
VA

Zip Code
23692

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27088

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 107 OF 169

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Passabet, David, J, ,

Mailing Address 110 Lorna Doone Dr

City
Yorktown

State
VA

Zip Code
23692

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.27089

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Passabet, David, J, ,

Mailing Address 110 Lorna Doone Dr

City
Yorktown

State
VA

Zip Code
23692

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.27090

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Passabet, David, J, ,

Mailing Address 110 Lorna Doone Dr

City
Yorktown

State
VA

Zip Code
23692

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.27091

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 169

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Peaslee, Robert, B, ,

Mailing Address 210 Bentwood Ct

City
SalemState
VAZip Code
24153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27092

Amount of Each Receipt this Period

9.50

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Peaslee, Robert, B, ,

Mailing Address 210 Bentwood Ct

City
SalemState
VAZip Code
24153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27093

Amount of Each Receipt this Period

9.50

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Peaslee, Robert, B, ,

Mailing Address 210 Bentwood Ct

City
SalemState
VAZip Code
24153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27094

Amount of Each Receipt this Period

9.50

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

28.50

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Peaslee, Robert, B, ,

Mailing Address 210 Bentwood Ct

City
Salem

State
VA

Zip Code
24153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.50

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.27095

Amount of Each Receipt this Period

9.50

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Peaslee, Robert, B, ,

Mailing Address 210 Bentwood Ct

City
Salem

State
VA

Zip Code
24153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.27096

Amount of Each Receipt this Period

9.50

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Peaslee, Robert, B, ,

Mailing Address 210 Bentwood Ct

City
Salem

State
VA

Zip Code
24153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

446.50

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.27097

Amount of Each Receipt this Period

9.50

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

28.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 169

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

A. Phipps, Laurie, M, ,

Mailing Address 1110 Cloverfield

City
Leland

State
NC

Zip Code
28451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27098

Amount of Each Receipt this Period

15.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Phipps, Laurie, M, ,

Mailing Address 1110 Cloverfield

City
Leland

State
NC

Zip Code
28451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27099

Amount of Each Receipt this Period

15.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Phipps, Laurie, M, ,

Mailing Address 1110 Cloverfield

City
Leland

State
NC

Zip Code
28451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27100

Amount of Each Receipt this Period

15.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 169

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Phipps, Laurie, M, ,

Mailing Address 1110 Cloverfield

City
Leland

State
NC

Zip Code
28451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.27101

Amount of Each Receipt this Period

15.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Phipps, Laurie, M, ,

Mailing Address 1110 Cloverfield

City
Leland

State
NC

Zip Code
28451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.27102

Amount of Each Receipt this Period

15.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Phipps, Laurie, M, ,

Mailing Address 1110 Cloverfield

City
Leland

State
NC

Zip Code
28451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

705.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.27103

Amount of Each Receipt this Period

15.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 112 OF 169

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Plaine, Marsha, C, ,

Mailing Address 3503 Nelson Meadow Ln

City

Greensboro

State

NC

Zip Code

27406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27104

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Plaine, Marsha, C, ,

Mailing Address 3503 Nelson Meadow Ln

City

Greensboro

State

NC

Zip Code

27406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27105

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Plaine, Marsha, C, ,

Mailing Address 3503 Nelson Meadow Ln

City

Greensboro

State

NC

Zip Code

27406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27106

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 113 OF 169

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Plaine, Marsha, C, ,

Mailing Address 3503 Nelson Meadow Ln

City

Greensboro

State

NC

Zip Code

27406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27107

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Plaine, Marsha, C, ,

Mailing Address 3503 Nelson Meadow Ln

City

Greensboro

State

NC

Zip Code

27406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27108

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Plaine, Marsha, C, ,

Mailing Address 3503 Nelson Meadow Ln

City

Greensboro

State

NC

Zip Code

27406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27109

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 169

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Raney, Michael, , ,

Mailing Address 8105 Grand Harbour CT

City
Wilmington

State
NC

Zip Code
28411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 21 / 2022

Transaction ID : SA11AI.27110

Amount of Each Receipt this Period

28.00

☐ Memo Item
 Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Raney, Michael, , ,

Mailing Address 8105 Grand Harbour CT

City
Wilmington

State
NC

Zip Code
28411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1204.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2022

Transaction ID : SA11AI.27111

Amount of Each Receipt this Period

28.00

☐ Memo Item
 Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Raney, Michael, , ,

Mailing Address 8105 Grand Harbour CT

City
Wilmington

State
NC

Zip Code
28411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1232.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 04 / 2022

Transaction ID : SA11AI.27112

Amount of Each Receipt this Period

28.00

☐ Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

84.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 169

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Raney, Michael, , ,

Mailing Address 8105 Grand Harbour CT

City
Wilmington

State
NC

Zip Code
28411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.27113

Amount of Each Receipt this Period

28.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Raney, Michael, , ,

Mailing Address 8105 Grand Harbour CT

City
Wilmington

State
NC

Zip Code
28411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1288.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.27114

Amount of Each Receipt this Period

28.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Raney, Michael, , ,

Mailing Address 8105 Grand Harbour CT

City
Wilmington

State
NC

Zip Code
28411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1316.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.27115

Amount of Each Receipt this Period

28.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

84.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rawlings, Thomas, L, ,

Mailing Address 1835 Midsummer Lane

City
Jarrettsville

State
MD

Zip Code
21084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Senior Director of Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27116

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rawlings, Thomas, L, ,

Mailing Address 1835 Midsummer Lane

City
Jarrettsville

State
MD

Zip Code
21084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Senior Director of Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27117

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rawlings, Thomas, L, ,

Mailing Address 1835 Midsummer Lane

City
Jarrettsville

State
MD

Zip Code
21084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Senior Director of Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27118

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rawlings, Thomas, L, ,

Mailing Address 1835 Midsummer Lane

City

Jarrettsville

State

MD

Zip Code

21084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Senior Director of Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27119

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rawlings, Thomas, L, ,

Mailing Address 1835 Midsummer Lane

City

Jarrettsville

State

MD

Zip Code

21084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Senior Director of Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27120

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rawlings, Thomas, L, ,

Mailing Address 1835 Midsummer Lane

City

Jarrettsville

State

MD

Zip Code

21084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Senior Director of Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27121

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reed, Nicole, L, ,

Mailing Address 954 Kennedy Lane

City
Elizabethtown

State
PA

Zip Code
17022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Quality Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27128

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reed, Nicole, L, ,

Mailing Address 954 Kennedy Lane

City
Elizabethtown

State
PA

Zip Code
17022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Quality Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27129

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reed, Nicole, L, ,

Mailing Address 954 Kennedy Lane

City
Elizabethtown

State
PA

Zip Code
17022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Quality Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27130

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reed, Nicole, L, ,

Mailing Address 954 Kennedy Lane

City
Elizabethtown

State
PA

Zip Code
17022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Quality Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27131

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reed, Nicole, L, ,

Mailing Address 954 Kennedy Lane

City
Elizabethtown

State
PA

Zip Code
17022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Quality Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27132

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reed, Nicole, L, ,

Mailing Address 954 Kennedy Lane

City
Elizabethtown

State
PA

Zip Code
17022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Quality Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27133

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City
Epping

State
NH

Zip Code
03042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27134

Amount of Each Receipt this Period

25.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City
Epping

State
NH

Zip Code
03042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27135

Amount of Each Receipt this Period

25.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City
Epping

State
NH

Zip Code
03042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27136

Amount of Each Receipt this Period

25.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City
EppingState
NHZip Code
03042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27137

Amount of Each Receipt this Period

25.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City
EppingState
NHZip Code
03042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27138

Amount of Each Receipt this Period

25.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City
EppingState
NHZip Code
03042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27139

Amount of Each Receipt this Period

25.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rider, Steven, M, ,

Mailing Address 532 Sandpiper Circle

City
Nashville

State
TN

Zip Code
37221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27140

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rider, Steven, M, ,

Mailing Address 532 Sandpiper Circle

City
Nashville

State
TN

Zip Code
37221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27141

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rider, Steven, M, ,

Mailing Address 532 Sandpiper Circle

City
Nashville

State
TN

Zip Code
37221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27142

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rider, Steven, M, ,

Mailing Address 532 Sandpiper Circle

City
Nashville

State
TN

Zip Code
37221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27143

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rider, Steven, M, ,

Mailing Address 532 Sandpiper Circle

City
Nashville

State
TN

Zip Code
37221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27144

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rider, Steven, M, ,

Mailing Address 532 Sandpiper Circle

City
Nashville

State
TN

Zip Code
37221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27145

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rivera, Luis, F, ,

Mailing Address 26987 Glenside Ln

City

Olmsted Township

State

OH

Zip Code

44138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27146

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rivera, Luis, F, ,

Mailing Address 26987 Glenside Ln

City

Olmsted Township

State

OH

Zip Code

44138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27147

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rivera, Luis, F, ,

Mailing Address 26987 Glenside Ln

City

Olmsted Township

State

OH

Zip Code

44138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27148

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

| | | | |
|--|--|--|--|
| A. Rivera, Luis, F, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 26987 Glenside Ln City Olmsted Township State OH Zip Code 44138 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Maxim Healthcare Services Inc Occupation (for Individual) Regional Director-Business Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00 | | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 11 / 2022 Transaction ID : SA11AI.27149 Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item Payroll Deduction |
| B. Rivera, Luis, F, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 26987 Glenside Ln City Olmsted Township State OH Zip Code 44138 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Maxim Healthcare Services Inc Occupation (for Individual) Regional Director-Business Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00 | | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2022 Transaction ID : SA11AI.27150 Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item Payroll Deduction |
| C. Rivera, Luis, F, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 26987 Glenside Ln City Olmsted Township State OH Zip Code 44138 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Maxim Healthcare Services Inc Occupation (for Individual) Regional Director-Business Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00 | | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2022 Transaction ID : SA11AI.27151 Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item Payroll Deduction |
| SUBTOTAL of Receipts This Page (optional)..... ▶ | | | 15.00 |
| TOTAL This Period (last page this line number only)..... ▶ | | | |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ruter, Tyler, Jordan, ,

Mailing Address 3749 South Berkley Circle

City
Silverton

State
OH

Zip Code
45236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27164

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ruter, Tyler, Jordan, ,

Mailing Address 3749 South Berkley Circle

City
Silverton

State
OH

Zip Code
45236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27165

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ruter, Tyler, Jordan, ,

Mailing Address 3749 South Berkley Circle

City
Silverton

State
OH

Zip Code
45236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27166

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ruter, Tyler, Jordan, ,

Mailing Address 3749 South Berkley Circle

City
SilvertonState
OHZip Code
45236FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27167

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ruter, Tyler, Jordan, ,

Mailing Address 3749 South Berkley Circle

City
SilvertonState
OHZip Code
45236FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27168

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ruter, Tyler, Jordan, ,

Mailing Address 3749 South Berkley Circle

City
SilvertonState
OHZip Code
45236FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27169

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sasser, Ashley, , ,

Mailing Address 31 Bay St

City
Poquoson

State
VA

Zip Code
23662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27170

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sasser, Ashley, , ,

Mailing Address 31 Bay St

City
Poquoson

State
VA

Zip Code
23662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27171

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sasser, Ashley, , ,

Mailing Address 31 Bay St

City
Poquoson

State
VA

Zip Code
23662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27172

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sasser, Ashley, , ,

Mailing Address 31 Bay St

City
Poquoson

State
VA

Zip Code
23662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27173

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sasser, Ashley, , ,

Mailing Address 31 Bay St

City
Poquoson

State
VA

Zip Code
23662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27174

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sasser, Ashley, , ,

Mailing Address 31 Bay St

City
Poquoson

State
VA

Zip Code
23662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27175

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sewell, Lisa, Christine, ,

Mailing Address 8214 N. 21st Drive
#208

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27182

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sewell, Lisa, Christine, ,

Mailing Address 8214 N. 21st Drive
#208

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27183

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sewell, Lisa, Christine, ,

Mailing Address 8214 N. 21st Drive
#208

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27184

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sewell, Lisa, Christine, ,

Mailing Address 8214 N. 21st Drive
#208

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 11 / 2022

Transaction ID : SA11AI.27185

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sewell, Lisa, Christine, ,

Mailing Address 8214 N. 21st Drive
#208

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 18 / 2022

Transaction ID : SA11AI.27186

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sewell, Lisa, Christine, ,

Mailing Address 8214 N. 21st Drive
#208

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 25 / 2022

Transaction ID : SA11AI.27187

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Short, Kelly, , ,

Mailing Address 1613 Dempsey Road

City
Knoxville

State
TN

Zip Code
37932

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27188

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Short, Kelly, , ,

Mailing Address 1613 Dempsey Road

City
Knoxville

State
TN

Zip Code
37932

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27189

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Short, Kelly, , ,

Mailing Address 1613 Dempsey Road

City
Knoxville

State
TN

Zip Code
37932

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27190

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Short, Kelly, , ,

Mailing Address 1613 Dempsey Road

City
Knoxville

State
TN

Zip Code
37932

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27191

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Short, Kelly, , ,

Mailing Address 1613 Dempsey Road

City
Knoxville

State
TN

Zip Code
37932

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27192

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simcox, Nichole, , ,

Mailing Address 62 Ginger Tree Ct.

City
O'Fallon

State
MO

Zip Code
63368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27193

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 169

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Simcox, Nichole, , ,

Mailing Address 62 Ginger Tree Ct.

City
O'Fallon

State
MO

Zip Code
63368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27194

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Simcox, Nichole, , ,

Mailing Address 62 Ginger Tree Ct.

City
O'Fallon

State
MO

Zip Code
63368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27195

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simcox, Nichole, , ,

Mailing Address 62 Ginger Tree Ct.

City
O'Fallon

State
MO

Zip Code
63368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27196

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Simcox, Nichole, , ,

Mailing Address 62 Ginger Tree Ct.

City
O'FallonState
MOZip Code
63368FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27197

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Simcox, Nichole, , ,

Mailing Address 62 Ginger Tree Ct.

City
O'FallonState
MOZip Code
63368FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27198

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sipes, Christopher, , ,

Mailing Address 9016 Sunni Shade Ct

City
Perry HallState
MDZip Code
21128FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27199

Amount of Each Receipt this Period

30.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sipes, Christopher, , ,

Mailing Address 9016 Sunni Shade Ct

City

Perry Hall

State

MD

Zip Code

21128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Vice President - Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27200

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sipes, Christopher, , ,

Mailing Address 9016 Sunni Shade Ct

City

Perry Hall

State

MD

Zip Code

21128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Vice President - Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27201

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sipes, Christopher, , ,

Mailing Address 9016 Sunni Shade Ct

City

Perry Hall

State

MD

Zip Code

21128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Vice President - Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27202

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sipes, Christopher, , ,

Mailing Address 9016 Sunni Shade Ct

City

Perry Hall

State

MD

Zip Code

21128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Vice President - Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27203

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sipes, Christopher, , ,

Mailing Address 9016 Sunni Shade Ct

City

Perry Hall

State

MD

Zip Code

21128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Vice President - Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27204

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Spahr, Brian, M, ,

Mailing Address 2421 Bear Rock Gln

City

Escondido

State

CA

Zip Code

92026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Business Development Mgr

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27205

Amount of Each Receipt this Period

5.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spahr, Brian, M, ,

Mailing Address 2421 Bear Rock Gln

City
Escondido

State
CA

Zip Code
92026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27206

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Spahr, Brian, M, ,

Mailing Address 2421 Bear Rock Gln

City
Escondido

State
CA

Zip Code
92026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27207

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Spahr, Brian, M, ,

Mailing Address 2421 Bear Rock Gln

City
Escondido

State
CA

Zip Code
92026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27208

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spahr, Brian, M, ,

Mailing Address 2421 Bear Rock Gln

City
Escondido

State
CA

Zip Code
92026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27209

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Spahr, Brian, M, ,

Mailing Address 2421 Bear Rock Gln

City
Escondido

State
CA

Zip Code
92026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27210

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Spalt, Jeremy, M, ,

Mailing Address 1305 Asbury Road

City
Baltimore

State
MD

Zip Code
21209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director - Accounts Receivable

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27211

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spalt, Jeremy, M, ,

Mailing Address 1305 Asbury Road

City
Baltimore

State
MD

Zip Code
21209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director - Accounts Receivable

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27212

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Spalt, Jeremy, M, ,

Mailing Address 1305 Asbury Road

City
Baltimore

State
MD

Zip Code
21209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director - Accounts Receivable

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27213

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Spalt, Jeremy, M, ,

Mailing Address 1305 Asbury Road

City
Baltimore

State
MD

Zip Code
21209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director - Accounts Receivable

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27214

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spalt, Jeremy, M, ,

Mailing Address 1305 Asbury Road

City
Baltimore

State
MD

Zip Code
21209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director - Accounts Receivable

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27215

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Spalt, Jeremy, M, ,

Mailing Address 1305 Asbury Road

City
Baltimore

State
MD

Zip Code
21209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director - Accounts Receivable

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27216

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stabley, Kieta, L, ,

Mailing Address 202 Rudolph Ln

City
Hubert

State
NC

Zip Code
28539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27217

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stabley, Kieta, L, ,

Mailing Address 202 Rudolph Ln

City
Hubert

State
NC

Zip Code
28539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27218

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stabley, Kieta, L, ,

Mailing Address 202 Rudolph Ln

City
Hubert

State
NC

Zip Code
28539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27219

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stabley, Kieta, L, ,

Mailing Address 202 Rudolph Ln

City
Hubert

State
NC

Zip Code
28539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27220

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 OF 169

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stabley, Kieta, L, ,

Mailing Address 202 Rudolph Ln

City
Hubert

State
NC

Zip Code
28539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27221

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stabley, Kieta, L, ,

Mailing Address 202 Rudolph Ln

City
Hubert

State
NC

Zip Code
28539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27222

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stewart, Philip, , ,

Mailing Address 2194 SW 25th Terrace

City
Miami

State
FL

Zip Code
33133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27229

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 OF 169

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stewart, Philip, , ,

Mailing Address 2194 SW 25th Terrace

City
Miami

State
FL

Zip Code
33133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27230

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stewart, Philip, , ,

Mailing Address 2194 SW 25th Terrace

City
Miami

State
FL

Zip Code
33133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27231

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stewart, Philip, , ,

Mailing Address 2194 SW 25th Terrace

City
Miami

State
FL

Zip Code
33133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27232

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stewart, Philip, , ,

Mailing Address 2194 SW 25th Terrace

City
MiamiState
FLZip Code
33133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27233

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stewart, Philip, , ,

Mailing Address 2194 SW 25th Terrace

City
MiamiState
FLZip Code
33133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27234

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stickles, Jeremy, D, ,

Mailing Address 8169 Lyman Ct

City
MechanicsvilleState
VAZip Code
23116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area Field Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27235

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stickles, Jeremy, D, ,

Mailing Address 8169 Lyman Ct

City

Mechanicsville

State

VA

Zip Code

23116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Field Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27236

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stickles, Jeremy, D, ,

Mailing Address 8169 Lyman Ct

City

Mechanicsville

State

VA

Zip Code

23116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Field Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27237

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stickles, Jeremy, D, ,

Mailing Address 8169 Lyman Ct

City

Mechanicsville

State

VA

Zip Code

23116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Field Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27238

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stickles, Jeremy, D, ,

Mailing Address 8169 Lyman Ct

City

Mechanicsville

State

VA

Zip Code

23116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Field Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27239

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stickles, Jeremy, D, ,

Mailing Address 8169 Lyman Ct

City

Mechanicsville

State

VA

Zip Code

23116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Field Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27240

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stone, Sean, Taylor, ,

Mailing Address 6029 Marlee Ct

City

Rocklin

State

CA

Zip Code

95677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Business Development Mgr

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27241

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

25.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stone, Sean, Taylor, ,

Mailing Address 6029 Marlee Ct

City
Rocklin

State
CA

Zip Code
95677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27242

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stone, Sean, Taylor, ,

Mailing Address 6029 Marlee Ct

City
Rocklin

State
CA

Zip Code
95677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27243

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stone, Sean, Taylor, ,

Mailing Address 6029 Marlee Ct

City
Rocklin

State
CA

Zip Code
95677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27244

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 149 OF 169

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stone, Sean, Taylor, ,

Mailing Address 6029 Marlee Ct

City
Rocklin

State
CA

Zip Code
95677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27245

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stone, Sean, Taylor, ,

Mailing Address 6029 Marlee Ct

City
Rocklin

State
CA

Zip Code
95677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27246

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stover, Regina, , ,

Mailing Address 3400 Hemphill Road

City
Norton

State
OH

Zip Code
44203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27247

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stover, Regina, , ,

Mailing Address 3400 Hemphill Road

City
Norton

State
OH

Zip Code
44203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27248

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stover, Regina, , ,

Mailing Address 3400 Hemphill Road

City
Norton

State
OH

Zip Code
44203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27249

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stover, Regina, , ,

Mailing Address 3400 Hemphill Road

City
Norton

State
OH

Zip Code
44203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27250

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stover, Regina, , ,

Mailing Address 3400 Hemphill Road

City
Norton

State
OH

Zip Code
44203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27251

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stover, Regina, , ,

Mailing Address 3400 Hemphill Road

City
Norton

State
OH

Zip Code
44203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27252

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Truman, Brandon, K, ,

Mailing Address 12 Bold Ruler Circle

City
Dillsburg

State
PA

Zip Code
17019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27265

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Truman, Brandon, K, ,

Mailing Address 12 Bold Ruler Circle

City
Dillsburg

State
PA

Zip Code
17019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27266

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Truman, Brandon, K, ,

Mailing Address 12 Bold Ruler Circle

City
Dillsburg

State
PA

Zip Code
17019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27267

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Truman, Brandon, K, ,

Mailing Address 12 Bold Ruler Circle

City
Dillsburg

State
PA

Zip Code
17019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27268

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Truman, Brandon, K, ,

Mailing Address 12 Bold Ruler Circle

City
Dillsburg

State
PA

Zip Code
17019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27269

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Truman, Brandon, K, ,

Mailing Address 12 Bold Ruler Circle

City
Dillsburg

State
PA

Zip Code
17019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27270

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VanLith-Jensen, Martha, , ,

Mailing Address 949 Sand Crest Drive

City
Port Orange

State
FL

Zip Code
32127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27277

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VanLith-Jensen, Martha, , ,

Mailing Address 949 Sand Crest Drive

City
Port Orange

State
FL

Zip Code
32127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27278

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VanLith-Jensen, Martha, , ,

Mailing Address 949 Sand Crest Drive

City
Port Orange

State
FL

Zip Code
32127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27279

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VanLith-Jensen, Martha, , ,

Mailing Address 949 Sand Crest Drive

City
Port Orange

State
FL

Zip Code
32127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27280

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VanLith-Jensen, Martha, , ,

Mailing Address 949 Sand Crest Drive

City
Port OrangeState
FLZip Code
32127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27281

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VanLith-Jensen, Martha, , ,

Mailing Address 949 Sand Crest Drive

City
Port OrangeState
FLZip Code
32127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27282

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wasser, Ryan, , ,

Mailing Address 311 Montrose Avenue

City
CatonsvilleState
MDZip Code
21228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27283

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

20.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wasser, Ryan, , ,

Mailing Address 311 Montrose Avenue

City

Catonsville

State

MD

Zip Code

21228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Vice President - Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27284

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wasser, Ryan, , ,

Mailing Address 311 Montrose Avenue

City

Catonsville

State

MD

Zip Code

21228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Vice President - Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27285

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wasser, Ryan, , ,

Mailing Address 311 Montrose Avenue

City

Catonsville

State

MD

Zip Code

21228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Vice President - Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27286

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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for each category of the
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wasser, Ryan, , ,

Mailing Address 311 Montrose Avenue

City
CatonsvilleState
MDZip Code
21228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27287

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wasser, Ryan, , ,

Mailing Address 311 Montrose Avenue

City
CatonsvilleState
MDZip Code
21228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27288

Amount of Each Receipt this Period

10.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Whitehead, Erin, , ,

Mailing Address 2159 North Fayetteville St.
Unit 13ACity
AsheboroState
NCZip Code
27203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27289

Amount of Each Receipt this Period

7.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

27.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 OF 169

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Whitehead, Erin, , ,

Mailing Address 2159 North Fayetteville St.

Unit 13A

City

Asheboro

State

NC

Zip Code

27203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27290

Amount of Each Receipt this Period

7.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Whitehead, Erin, , ,

Mailing Address 2159 North Fayetteville St.

Unit 13A

City

Asheboro

State

NC

Zip Code

27203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27291

Amount of Each Receipt this Period

7.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Whitehead, Erin, , ,

Mailing Address 2159 North Fayetteville St.

Unit 13A

City

Asheboro

State

NC

Zip Code

27203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27292

Amount of Each Receipt this Period

7.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

21.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

| | | | |
|---|--|--|---|
| A. Whitehead, Erin, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2159 North Fayetteville St. Unit 13A City Asheville State NC Zip Code 27203 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Maxim Healthcare Services Inc Occupation (for Individual) Clinical Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.00 | | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2022 Transaction ID : SA11AI.27293 Amount of Each Receipt this Period 7.00 <input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction |
| B. Whitehead, Erin, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2159 North Fayetteville St. Unit 13A City Asheville State NC Zip Code 27203 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Maxim Healthcare Services Inc Occupation (for Individual) Clinical Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 329.00 | | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2022 Transaction ID : SA11AI.27294 Amount of Each Receipt this Period 7.00 <input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction |
| C. Whiting, Evan, D, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1469 Bridle Creek Blvd City Virginia Beach State VA Zip Code 23464 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Maxim Healthcare Services Inc Occupation (for Individual) Director of Business Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00 | | | Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2022 Transaction ID : SA11AI.27295 Amount of Each Receipt this Period 10.00 <input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction |
| SUBTOTAL of Receipts This Page (optional)..... ▶ | | | 24.00 |
| TOTAL This Period (last page this line number only)..... ▶ | | | |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 169

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Whiting, Evan, D, ,

Mailing Address 1469 Bridle Creek Blvd

City

Virginia Beach

State

VA

Zip Code

23464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27296

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Whiting, Evan, D, ,

Mailing Address 1469 Bridle Creek Blvd

City

Virginia Beach

State

VA

Zip Code

23464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27297

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Whiting, Evan, D, ,

Mailing Address 1469 Bridle Creek Blvd

City

Virginia Beach

State

VA

Zip Code

23464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27298

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Whiting, Evan, D, ,

Mailing Address 1469 Bridle Creek Blvd

City
Virginia Beach

State
VA

Zip Code
23464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27299

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Whiting, Evan, D, ,

Mailing Address 1469 Bridle Creek Blvd

City
Virginia Beach

State
VA

Zip Code
23464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27300

Amount of Each Receipt this Period

10.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williams, Cameron, , ,

Mailing Address 232 Elm Street

City
Ludlow

State
KY

Zip Code
41016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Field Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27301

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Williams, Cameron, , ,

Mailing Address 232 Elm Street

City
Ludlow

State
KY

Zip Code
41016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Field Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27302

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, Cameron, , ,

Mailing Address 232 Elm Street

City
Ludlow

State
KY

Zip Code
41016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Field Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27303

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williams, Cameron, , ,

Mailing Address 232 Elm Street

City
Ludlow

State
KY

Zip Code
41016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Field Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27304

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Williams, Cameron, , ,

Mailing Address 232 Elm Street

City
Ludlow

State
KY

Zip Code
41016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Field Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27305

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, Cameron, , ,

Mailing Address 232 Elm Street

City
Ludlow

State
KY

Zip Code
41016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Field Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27306

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Worcester, Cheri, , ,

Mailing Address 2055 Truman Lane

City
Oakley

State
CA

Zip Code
94561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Ops-Behavior

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27313

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Worcester, Cheri, , ,

Mailing Address 2055 Truman Lane

City
Oakley

State
CA

Zip Code
94561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Ops-Behavior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27314

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Worcester, Cheri, , ,

Mailing Address 2055 Truman Lane

City
Oakley

State
CA

Zip Code
94561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Ops-Behavior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27315

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Worcester, Cheri, , ,

Mailing Address 2055 Truman Lane

City
Oakley

State
CA

Zip Code
94561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Ops-Behavior

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27316

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Worcester, Cheri, , ,

Mailing Address 2055 Truman Lane

City
Oakley

State
CA

Zip Code
94561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Ops-Behavior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27317

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Worcester, Cheri, , ,

Mailing Address 2055 Truman Lane

City
Oakley

State
CA

Zip Code
94561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Ops-Behavior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27318

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yates, Erica, Lynn, ,

Mailing Address 3101 184th St SW Apt B517

City
Lynnwood

State
WA

Zip Code
98037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27319

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yates, Erica, Lynn, ,

Mailing Address 3101 184th St SW Apt B517

City
Lynnwood

State
WA

Zip Code
98037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27320

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yates, Erica, Lynn, ,

Mailing Address 3101 184th St SW Apt B517

City
Lynnwood

State
WA

Zip Code
98037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27321

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yates, Erica, Lynn, ,

Mailing Address 3101 184th St SW Apt B517

City
Lynnwood

State
WA

Zip Code
98037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27322

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yates, Erica, Lynn, ,

Mailing Address 3101 184th St SW Apt B517

City
LynnwoodState
WAZip Code
98037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27323

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yates, Erica, Lynn, ,

Mailing Address 3101 184th St SW Apt B517

City
LynnwoodState
WAZip Code
98037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Clinical Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27324

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zdarko, Joel, , ,

Mailing Address 1439 Harlan Dr.

City
DanvilleState
CAZip Code
94526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2022

Transaction ID : SA11AI.27325

Amount of Each Receipt this Period

5.00

☐ Memo Item
☐ Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

15.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zdarko, Joel, , ,

Mailing Address 1439 Harlan Dr.

City
Danville

State
CA

Zip Code
94526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.27326

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zdarko, Joel, , ,

Mailing Address 1439 Harlan Dr.

City
Danville

State
CA

Zip Code
94526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2022

Transaction ID : SA11AI.27327

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zdarko, Joel, , ,

Mailing Address 1439 Harlan Dr.

City
Danville

State
CA

Zip Code
94526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2022

Transaction ID : SA11AI.27328

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 169 OF 169

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zdarko, Joel, , ,

Mailing Address 1439 Harlan Dr.

City
Danville

State
CA

Zip Code
94526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2022

Transaction ID : SA11AI.27329

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zdarko, Joel, , ,

Mailing Address 1439 Harlan Dr.

City
Danville

State
CA

Zip Code
94526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2022

Transaction ID : SA11AI.27330

Amount of Each Receipt this Period

5.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10.00

4455.04