

**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 M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Campbell, Tara, , ,

Signature of Treasurer

Campbell, Tara, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)**Report Covering the Period: From: 

M M	/	D D	/	Y Y Y Y Y
12		01		2023

 To: 

M M	/	D D	/	Y Y Y Y Y
12		31		2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2023</div></div>		<div><div></div><div>109164.45</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>66690.43</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>5476.70</div></div>	<div><div></div><div>58642.68</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>72167.13</div></div>	<div><div></div><div>167807.13</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>- 6000.00</div></div>	<div><div></div><div>89640.00</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>78167.13</div></div>	<div><div></div><div>78167.13</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

To:

M M / D D / Y Y Y Y Y  
12 / 31 / 2023**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).....

4376.70

29009.14

(ii) Unitemized .....

1100.00

29633.54

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

5476.70

58642.68

(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) .....

5476.70

58642.68

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

5476.70

58642.68

## 20. Total Federal Receipts

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

5476.70

58642.68

**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.....	- 6500.00	16000.00
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	240.00
(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	240.00
29. Other Disbursements (Including Non-Federal Donations).....	500.00	73400.00
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)) ..	- 6000.00	89640.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 6000.00	89640.00

**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) .....	5476.70	58642.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	240.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5476.70	58402.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 173  
(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  
LombardState  
ILZip Code  
60148FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42744

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  
LombardState  
ILZip Code  
60148FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42154

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  
LombardState  
ILZip Code  
60148FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42303

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 PageFOR LINE NUMBER: PAGE 7 OF 173  
(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  
LombardState  
ILZip Code  
60148FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42450

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  
LombardState  
ILZip Code  
60148FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42597

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. Alvarez, Heather, L, ,**

Mailing Address 12931 West 105th St

City  
Overland ParkState  
KSZip Code  
66215FEC 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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42710

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 8 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

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

Mailing Address 12931 West 105th St

City  
Overland ParkState  
KSZip Code  
66215FEC 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 ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42120

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 ParkState  
KSZip Code  
66215FEC 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42269

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 ParkState  
KSZip Code  
66215FEC 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 ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42416

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 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

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

Mailing Address 12931 West 105th St

City  
Overland ParkState  
KSZip Code  
66215FEC 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 ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42563

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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42693

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 ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42103

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 10 OF 173

(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. 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42252

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 ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42399

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 ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42546

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 11 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Armbruster, Danielle, Marie, ,**

Mailing Address 1809 Meadow Drive

City  
StoughtonState  
WIZip Code  
53589FEC 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  
12 / 01 / 2023

Transaction ID : SA11AI.42709

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. Armbruster, Danielle, Marie, ,**

Mailing Address 1809 Meadow Drive

City  
StoughtonState  
WIZip Code  
53589FEC 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  
12 / 08 / 2023

Transaction ID : SA11AI.42119

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. Armbruster, Danielle, Marie, ,**

Mailing Address 1809 Meadow Drive

City  
StoughtonState  
WIZip Code  
53589FEC 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  
12 / 15 / 2023

Transaction ID : SA11AI.42268

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 12 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Armbruster, Danielle, Marie, ,**

Mailing Address 1809 Meadow Drive

City  
StoughtonState  
WIZip Code  
53589FEC 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42415

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. Armbruster, Danielle, Marie, ,**

Mailing Address 1809 Meadow Drive

City  
StoughtonState  
WIZip Code  
53589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42562

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. Battle-Reed, Alissah, Janine, ,**

Mailing Address 2216 Westfield Ave

City  
BaltimoreState  
MDZip Code  
21214FEC 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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42312

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 13 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Battle-Reed, Alissah, Janine, ,**

Mailing Address 2216 Westfield Ave

City  
BaltimoreState  
MDZip Code  
21214FEC 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 ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11Al.42459

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. Battle-Reed, Alissah, Janine, ,**

Mailing Address 2216 Westfield Ave

City  
BaltimoreState  
MDZip Code  
21214FEC 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 ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11Al.42606

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. Beams, Michael, Irwin Keoke, ,**

Mailing Address 2235 Madera Ave

City  
DallasState  
TXZip Code  
75206FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11Al.42694

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 14 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Beams, Michael, Irwin Keoke, ,**

Mailing Address 2235 Madera Ave

City  
DallasState  
TXZip Code  
75206FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42104

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  
DallasState  
TXZip Code  
75206FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42253

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  
DallasState  
TXZip Code  
75206FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42400

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 15 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Beams, Michael, Irwin Keoke, ,**

Mailing Address 2235 Madera Ave

City  
DallasState  
TXZip Code  
75206FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42547

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. Beethe, Ryan, P, ,**

Mailing Address 16632 Canyon Trail

City  
OmahaState  
NEZip Code  
68136FEC 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  
12 / 01 / 2023

Transaction ID : SA11AI.42683

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. Beethe, Ryan, P, ,**

Mailing Address 16632 Canyon Trail

City  
OmahaState  
NEZip Code  
68136FEC 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  
12 / 08 / 2023

Transaction ID : SA11AI.42093

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)..... ►

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 16 OF 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Beethe, Ryan, P, ,**

Mailing Address 16632 Canyon Trail

City  
OmahaState  
NEZip Code  
68136FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42242

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. Beethe, Ryan, P, ,**

Mailing Address 16632 Canyon Trail

City  
OmahaState  
NEZip Code  
68136FEC 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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42389

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. Beethe, Ryan, P, ,**

Mailing Address 16632 Canyon Trail

City  
OmahaState  
NEZip Code  
68136FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42536

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 17 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42658

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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42068

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42217

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 18 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42364

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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42511

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  
SunnyvaleState  
CAZip Code  
94086FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42705

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 19 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Bevelacqua, Jessica, L, ,**

Mailing Address 707 Koa Court

City  
SunnyvaleState  
CAZip Code  
94086FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42115

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  
SunnyvaleState  
CAZip Code  
94086FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42264

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  
SunnyvaleState  
CAZip Code  
94086FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42411

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 173

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Bevelacqua, Jessica, L, ,**

Mailing Address 707 Koa Court

City  
SunnyvaleState  
CAZip Code  
94086FEC 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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42558

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42684

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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42094

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 PageFOR LINE NUMBER: PAGE 21 OF 173  
(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. 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42243

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42390

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42537

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 22 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Bodmer, Christopher, , ,**

Mailing Address 903 Sill Ridge Drive

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42678

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42088

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42237

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 23 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Bodmer, Christopher, , ,**

Mailing Address 903 Sill Ridge Drive

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42384

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42531

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. 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42659

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: PAGE 24 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 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  
12 / 08 / 2023

Transaction ID : SA11AI.42069

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 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  
12 / 15 / 2023

Transaction ID : SA11AI.42218

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 Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42365

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 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42512

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. Boos, Cassandra, Mae, ,**

Mailing Address 1080 Lilac Circle

City  
SpringfieldState  
NEZip Code  
68059FEC 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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42241

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. Boos, Cassandra, Mae, ,**

Mailing Address 1080 Lilac Circle

City  
SpringfieldState  
NEZip Code  
68059FEC 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  
12 / 22 / 2023

Transaction ID : SA11AI.42388

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 26 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Boos, Cassandra, Mae, ,**

Mailing Address 1080 Lilac Circle

City  
SpringfieldState  
NEZip Code  
68059FEC 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 ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42535

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)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42727

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)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42137

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 27 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42286

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)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42433

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)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42580

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 28 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Brickhouse, Duane, , ,**

Mailing Address 3605 Ligon road

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

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
VP of Corporate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11Al.42647

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)  
VP of Corporate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11Al.42057

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)  
VP of Corporate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11Al.42206

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 29 OF 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Brickhouse, Duane, , ,**

Mailing Address 3605 Ligon road

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

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
VP of Corporate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42353

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)  
VP of Corporate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42500

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. Budall, Bijan, , ,**

Mailing Address 4301 Jefferson St

City  
HollywoodState  
FLZip Code  
33021FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42691

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)..... ►

35.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Budall, Bijan, , ,**

Mailing Address 4301 Jefferson St

City  
HollywoodState  
FLZip Code  
33021FEC 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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42101

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  
HollywoodState  
FLZip Code  
33021FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42250

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  
HollywoodState  
FLZip Code  
33021FEC 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42397

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 31 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Budall, Bijan, , ,**

Mailing Address 4301 Jefferson St

City  
HollywoodState  
FLZip Code  
33021FEC 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42544

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. Burke, Steven, L, ,**

Mailing Address 701 W Hampton Ave

City  
Loves ParkState  
ILZip Code  
61111FEC 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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42668

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 ParkState  
ILZip Code  
61111FEC 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 ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42078

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)..... ►

25.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 173  
(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. Burke, Steven, L, ,**

Mailing Address 701 W Hampton Ave

City  
Loves ParkState  
ILZip Code  
61111FEC 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42227

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 ParkState  
ILZip Code  
61111FEC 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 ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42374

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 ParkState  
ILZip Code  
61111FEC 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42521

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 33 OF 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Campbell, Brandi, Marie, ,**

Mailing Address 1450 Kingsbury Ct

City  
GoldenState  
COZip Code  
80401FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42700

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  
GoldenState  
COZip Code  
80401FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42110

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  
GoldenState  
COZip Code  
80401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42259

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 PageFOR LINE NUMBER: PAGE 34 OF 173  
(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. Campbell, Brandi, Marie, ,**

Mailing Address 1450 Kingsbury Ct

City  
GoldenState  
COZip Code  
80401FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42406

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  
GoldenState  
COZip Code  
80401FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42553

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 Mallick, ,**

Mailing Address 9338 Merlot Circle

City  
BreinigsvilleState  
PAZip Code  
18031FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42635

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 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Campbell, Theodore, Allen Mallick, ,**

Mailing Address 9338 Merlot Circle

City  
BreinigsvilleState  
PAZip Code  
18031FEC 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 M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42045

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 Mallick, ,**

Mailing Address 9338 Merlot Circle

City  
BreinigsvilleState  
PAZip Code  
18031FEC 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 M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42194

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 Mallick, ,**

Mailing Address 9338 Merlot Circle

City  
BreinigsvilleState  
PAZip Code  
18031FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42341

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 36 OF 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Campbell, Theodore, Allen Mallick, ,**

Mailing Address 9338 Merlot Circle

City  
BreinigsvilleState  
PAZip Code  
18031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42488

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. Campion, Michael, James, ,**

Mailing Address 205 Nomini Drive

City  
ArnoldState  
MDZip Code  
21012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Exec Dir of Learning &amp; Org Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42736

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  
ArnoldState  
MDZip Code  
21012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Exec Dir of Learning &amp; Org Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42146

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)..... ►

25.00

**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 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Campion, Michael, James, ,**

Mailing Address 205 Nomini Drive

City  
ArnoldState  
MDZip Code  
21012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Exec Dir of Learning &amp; Org Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42295

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  
ArnoldState  
MDZip Code  
21012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Exec Dir of Learning &amp; Org Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42442

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  
ArnoldState  
MDZip Code  
21012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Exec Dir of Learning &amp; Org Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42589

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 PageFOR LINE NUMBER: PAGE 38 OF 173  
(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  
MontverdeState  
FLZip Code  
34756FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42703

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  
MontverdeState  
FLZip Code  
34756FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42113

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  
MontverdeState  
FLZip Code  
34756FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42262

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 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Ceron, Kelly, N, ,**

Mailing Address 15735 Arabian Way

City  
MontverdeState  
FLZip Code  
34756FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42409

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  
MontverdeState  
FLZip Code  
34756FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42556

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  
WashingtonState  
DCZip Code  
20002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Sr Dir of Fed and State Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42764

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 40 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Charles, Veronica, Lee, ,**

Mailing Address 1232 Florida Ave NE

City  
WashingtonState  
DCZip Code  
20002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Sr Dir of Fed and State Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42174

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  
WashingtonState  
DCZip Code  
20002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Sr Dir of Fed and State Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42322

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  
WashingtonState  
DCZip Code  
20002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Sr Dir of Fed and State Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42469

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 41 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Charles, Veronica, Lee, ,**

Mailing Address 1232 Florida Ave NE

City  
WashingtonState  
DCZip Code  
20002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Sr Dir of Fed and State Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42616

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. Christofferson, Tiffany, M, ,**

Mailing Address 79824 Bethpage Ave

City  
IndioState  
CAZip Code  
92201FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42712

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  
IndioState  
CAZip Code  
92201FEC 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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42122

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)..... ►

20.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 173  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Christofferson, Tiffany, M, ,**

Mailing Address 79824 Bethpage Ave

City  
IndioState  
CAZip Code  
92201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42271

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  
IndioState  
CAZip Code  
92201FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42418

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  
IndioState  
CAZip Code  
92201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42565

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 PageFOR LINE NUMBER: PAGE 43 OF 173  
(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. Cisneros, Anthony, Joseph, ,**

Mailing Address 8626 Napa Landing

City  
BoerneState  
TXZip Code  
78015FEC 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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42771

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. Cisneros, Anthony, Joseph, ,**

Mailing Address 8626 Napa Landing

City  
BoerneState  
TXZip Code  
78015FEC 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 ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42181

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. Cisneros, Anthony, Joseph, ,**

Mailing Address 8626 Napa Landing

City  
BoerneState  
TXZip Code  
78015FEC 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42329

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 PageFOR LINE NUMBER: PAGE 44 OF 173  
(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. Cisneros, Anthony, Joseph, ,**

Mailing Address 8626 Napa Landing

City  
BoerneState  
TXZip Code  
78015FEC 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 ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42476

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. Cisneros, Anthony, Joseph, ,**

Mailing Address 8626 Napa Landing

City  
BoerneState  
TXZip Code  
78015FEC 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42623

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. Colleran, Kimberly, Ann, ,**

Mailing Address 187 Market St.

City  
Pittston TwpState  
PAZip Code  
18640FEC 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42716

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 PageFOR LINE NUMBER: PAGE 45 OF 173  
(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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42126

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42275

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42422

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 46 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Colleran, Kimberly, Ann, ,**

Mailing Address 187 Market St.

City  
Pittston TwpState  
PAZip Code  
18640FEC 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42569

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. Colvard, Tracy, , ,**

Mailing Address 2609 Pathview Court

City  
RaleighState  
NCZip Code  
27613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42762

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  
RaleighState  
NCZip Code  
27613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42172

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)..... ►

25.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 173  
(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. Colvard, Tracy, , ,**

Mailing Address 2609 Pathview Court

City  
RaleighState  
NCZip Code  
27613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42320

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  
RaleighState  
NCZip Code  
27613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42467

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  
RaleighState  
NCZip Code  
27613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42614

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 PageFOR LINE NUMBER: PAGE 48 OF 173  
(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. Crawn, Susan, K, ,**

Mailing Address 1045 Braewick Cir. NW

City  
MassillonState  
OHZip Code  
44646FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42663

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  
MassillonState  
OHZip Code  
44646FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42073

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  
MassillonState  
OHZip Code  
44646FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42222

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 PageFOR LINE NUMBER: PAGE 49 OF 173  
(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. Crawn, Susan, K, ,**

Mailing Address 1045 Braewick Cir. NW

City  
MassillonState  
OHZip Code  
44646FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42369

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  
MassillonState  
OHZip Code  
44646FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42516

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. 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)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42738

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 PageFOR LINE NUMBER: PAGE 50 OF 173  
(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. 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 Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42148

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 Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42297

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 Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42444

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 PageFOR LINE NUMBER: PAGE 51 OF 173  
(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. 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)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42591

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 AiryState  
MDZip Code  
21771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Controller - Regional HH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42625

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 AiryState  
MDZip Code  
21771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Controller - Regional HH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42035

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 PageFOR LINE NUMBER: PAGE 52 OF 173  
(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. Deeb, Brandi, L, ,**

Mailing Address 1506 Terra Oaks Court

City  
Mount AiryState  
MDZip Code  
21771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Controller - Regional HH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42184

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 AiryState  
MDZip Code  
21771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Controller - Regional HH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42331

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 AiryState  
MDZip Code  
21771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Controller - Regional HH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42478

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 PageFOR LINE NUMBER: PAGE 53 OF 173  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

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

**A. DePriest, Jarrod, , ,**

Mailing Address 51 Miller Place x2807

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42657

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 ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42067

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42216

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 173  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

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

**A. DePriest, Jarrod, , ,**

Mailing Address 51 Miller Place x2807

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42363

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 ▼

1560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42510

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

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

Mailing Address 4910 Regal Court

City  
RocklinState  
CAZip Code  
95765FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42687

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 173  
(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. Diaz, Matthew, M, ,**

Mailing Address 4910 Regal Court

City  
RocklinState  
CAZip Code  
95765FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42097

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  
RocklinState  
CAZip Code  
95765FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42246

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

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

Mailing Address 4910 Regal Court

City  
RocklinState  
CAZip Code  
95765FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42393

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 173  
(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. Diaz, Matthew, M, ,**

Mailing Address 4910 Regal Court

City  
RocklinState  
CAZip Code  
95765FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42540

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. Dover, Wesley, R, ,**

Mailing Address 6919 Saratoga Estates Dr

City  
El Dorado HillsState  
CAZip Code  
95762FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42696

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 HillsState  
CAZip Code  
95762FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42106

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)..... ►

40.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 173  
(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. Dover, Wesley, R, ,**

Mailing Address 6919 Saratoga Estates Dr

City  
El Dorado HillsState  
CAZip Code  
95762FEC 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  
12 / 15 / 2023

Transaction ID : SA11AI.42255

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 HillsState  
CAZip Code  
95762FEC 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42402

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 HillsState  
CAZip Code  
95762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42549

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 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Duncan, Landon, M, ,**

Mailing Address 519 Southgate Ave Unit B

City  
NashvilleState  
TNZip Code  
37203FEC 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42742

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. Duncan, Landon, M, ,**

Mailing Address 519 Southgate Ave Unit B

City  
NashvilleState  
TNZip Code  
37203FEC 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42152

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. Duncan, Landon, M, ,**

Mailing Address 519 Southgate Ave Unit B

City  
NashvilleState  
TNZip Code  
37203FEC 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42301

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 PageFOR LINE NUMBER: PAGE 59 OF 173  
(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. Duncan, Landon, M, ,**

Mailing Address 519 Southgate Ave Unit B

City  
NashvilleState  
TNZip Code  
37203FEC 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 ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42448

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. Duncan, Landon, M, ,**

Mailing Address 519 Southgate Ave Unit B

City  
NashvilleState  
TNZip Code  
37203FEC 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 ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42595

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. Felitte, Alec, Joseph, ,**

Mailing Address 9 Kiliaen Way

City  
Clifton ParkState  
NYZip Code  
12065FEC 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 ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42311

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: PAGE 60 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Felitte, Alec, Joseph, ,**

Mailing Address 9 Kiliaen Way

City  
Clifton ParkState  
NYZip Code  
12065FEC 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 ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42458

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. Felitte, Alec, Joseph, ,**

Mailing Address 9 Kiliaen Way

City  
Clifton ParkState  
NYZip Code  
12065FEC 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 ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42605

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. Figueroa, Kelly, Fernanda, ,**

Mailing Address 13318 Alburtis Avenue

City  
NorwalkState  
CAZip Code  
90650FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42761

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 61 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Figueroa, Kelly, Fernanda, ,**

Mailing Address 13318 Alburdis Avenue

City  
NorwalkState  
CAZip Code  
90650FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42171

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. Figueroa, Kelly, Fernanda, ,**

Mailing Address 13318 Alburdis Avenue

City  
NorwalkState  
CAZip Code  
90650FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42319

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. Figueroa, Kelly, Fernanda, ,**

Mailing Address 13318 Alburdis Avenue

City  
NorwalkState  
CAZip Code  
90650FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42466

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 PageFOR LINE NUMBER: PAGE 62 OF 173  
(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. Figueroa, Kelly, Fernanda, ,**

Mailing Address 13318 Alburdis Avenue

City  
NorwalkState  
CAZip Code  
90650FEC 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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42613

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42697

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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42107

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 63 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42256

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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42403

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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42550

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 64 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Fitzgerald, Thomas, B, ,**

Mailing Address 2610 Streamside Court

City  
CincinnatiState  
OHZip Code  
45230FEC 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  
12 / 01 / 2023

Transaction ID : SA11AI.42714

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. Fitzgerald, Thomas, B, ,**

Mailing Address 2610 Streamside Court

City  
CincinnatiState  
OHZip Code  
45230FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42124

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. Fitzgerald, Thomas, B, ,**

Mailing Address 2610 Streamside Court

City  
CincinnatiState  
OHZip Code  
45230FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42273

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 65 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Fitzgerald, Thomas, B, ,**

Mailing Address 2610 Streamside Court

City  
CincinnatiState  
OHZip Code  
45230FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42420

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. Fitzgerald, Thomas, B, ,**

Mailing Address 2610 Streamside Court

City  
CincinnatiState  
OHZip Code  
45230FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42567

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42634

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 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42044

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42193

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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42340

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 67 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 Inc

Occupation (for Individual)

SVP - General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42487

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42734

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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42144

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 PageFOR LINE NUMBER: PAGE 68 OF 173  
(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. Galbreath, Joshua, , ,**

Mailing Address 2470 E Baldwin Rd

City  
Grand BlancState  
MIZip Code  
48439FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42293

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 BlancState  
MIZip Code  
48439FEC 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42440

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 BlancState  
MIZip Code  
48439FEC 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42587

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 69 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Gearhart, Megan, Cathleen, ,**

Mailing Address 12410 Rush St

City

Crown Point

State

IN

Zip Code

46307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Operations Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42735

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. Gearhart, Megan, Cathleen, ,**

Mailing Address 12410 Rush St

City

Crown Point

State

IN

Zip Code

46307

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42145

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. Gearhart, Megan, Cathleen, ,**

Mailing Address 12410 Rush St

City

Crown Point

State

IN

Zip Code

46307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Operations Manager

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42294

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 PageFOR LINE NUMBER: PAGE 70 OF 173  
(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. Gearhart, Megan, Cathleen, ,**

Mailing Address 12410 Rush St

City  
Crown PointState  
INZip Code  
46307FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42441

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. Gearhart, Megan, Cathleen, ,**

Mailing Address 12410 Rush St

City  
Crown PointState  
INZip Code  
46307FEC 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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42588

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. Gering, Joseph, , ,**

Mailing Address 6010 S. Freya St

City  
SpokaneState  
WAZip Code  
99223FEC 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42685

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 PageFOR LINE NUMBER: PAGE 71 OF 173  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Gering, Joseph, , ,**

Mailing Address 6010 S. Freya St

City  
SpokaneState  
WAZip Code  
99223FEC 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 ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2023

**Transaction ID : SA11AI.42095**

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  
SpokaneState  
WAZip Code  
99223FEC 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 ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2023

**Transaction ID : SA11AI.42244**

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  
SpokaneState  
WAZip Code  
99223FEC 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 ▼

530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2023

**Transaction ID : SA11AI.42391**

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 72 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Gering, Joseph, , ,**

Mailing Address 6010 S. Freya St

City  
SpokaneState  
WAZip Code  
99223FEC 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 ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42538

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. Gibson, Sandy, L, ,**

Mailing Address 5713 Prairie Rose Drive

City  
ScherervilleState  
INZip Code  
46375FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42715

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. Gibson, Sandy, L, ,**

Mailing Address 5713 Prairie Rose Drive

City  
ScherervilleState  
INZip Code  
46375FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42125

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)..... ►

20.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 173  
(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. Gibson, Sandy, L, ,**

Mailing Address 5713 Prairie Rose Drive

City  
ScherervilleState  
INZip Code  
46375FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42274

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. Gibson, Sandy, L, ,**

Mailing Address 5713 Prairie Rose Drive

City  
ScherervilleState  
INZip Code  
46375FEC 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42421

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. Gibson, Sandy, L, ,**

Mailing Address 5713 Prairie Rose Drive

City  
ScherervilleState  
INZip Code  
46375FEC 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42568

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 PageFOR LINE NUMBER: PAGE 74 OF 173  
(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. Goad, Garrett, Ryan, ,**

Mailing Address 7723 Corte Promenade

City  
CarlsbadState  
CAZip Code  
92009FEC 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 / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42667

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. Goad, Garrett, Ryan, ,**

Mailing Address 7723 Corte Promenade

City  
CarlsbadState  
CAZip Code  
92009FEC 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 / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42077

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. Goad, Garrett, Ryan, ,**

Mailing Address 7723 Corte Promenade

City  
CarlsbadState  
CAZip Code  
92009FEC 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 / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42226

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 PageFOR LINE NUMBER: PAGE 75 OF 173  
(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. Goad, Garrett, Ryan, ,**

Mailing Address 7723 Corte Promenade

City  
CarlsbadState  
CAZip Code  
92009FEC 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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42373

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. Goad, Garrett, Ryan, ,**

Mailing Address 7723 Corte Promenade

City  
CarlsbadState  
CAZip Code  
92009FEC 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 ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42520

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. Harris, Stefanie, D, ,**

Mailing Address 15535 CR 424

City  
LindaleState  
TXZip Code  
75771FEC 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 ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42677

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 PageFOR LINE NUMBER: PAGE 76 OF 173  
(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. Harris, Stefanie, D, ,**

Mailing Address 15535 CR 424

City  
LindaleState  
TXZip Code  
75771FEC 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 ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42087

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. Harris, Stefanie, D, ,**

Mailing Address 15535 CR 424

City  
LindaleState  
TXZip Code  
75771FEC 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 ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42236

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. Harris, Stefanie, D, ,**

Mailing Address 15535 CR 424

City  
LindaleState  
TXZip Code  
75771FEC 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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42383

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 PageFOR LINE NUMBER: PAGE 77 OF 173  
(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. Harris, Stefanie, D, ,**

Mailing Address 15535 CR 424

City  
LindaleState  
TXZip Code  
75771FEC 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 ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42530

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. Hart, Brenda, M, ,**

Mailing Address 985 N. Broadway St.

City  
FresnoState  
CAZip Code  
93728FEC 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 ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42717

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. Hart, Brenda, M, ,**

Mailing Address 985 N. Broadway St.

City  
FresnoState  
CAZip Code  
93728FEC 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 ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42127

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 78 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Hart, Brenda, M, ,**

Mailing Address 985 N. Broadway St.

City  
FresnoState  
CAZip Code  
93728FEC 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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42276

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. Hart, Brenda, M, ,**

Mailing Address 985 N. Broadway St.

City  
FresnoState  
CAZip Code  
93728FEC 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 ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42423

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. Hart, Brenda, M, ,**

Mailing Address 985 N. Broadway St.

City  
FresnoState  
CAZip Code  
93728FEC 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 ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42570

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 PageFOR LINE NUMBER: PAGE 79 OF 173  
(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. Henley, Mandy, Renea, ,**

Mailing Address 306 Wiley Parker Rd

City  
JacksonState  
TNZip Code  
38305FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42768

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. Henley, Mandy, Renea, ,**

Mailing Address 306 Wiley Parker Rd

City  
JacksonState  
TNZip Code  
38305FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42178

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. Henley, Mandy, Renea, ,**

Mailing Address 306 Wiley Parker Rd

City  
JacksonState  
TNZip Code  
38305FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42326

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 80 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Henley, Mandy, Renea, ,**

Mailing Address 306 Wiley Parker Rd

City  
JacksonState  
TNZip Code  
38305FEC 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42473

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. Henley, Mandy, Renea, ,**

Mailing Address 306 Wiley Parker Rd

City  
JacksonState  
TNZip Code  
38305FEC 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42620

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. Hernandez, Daniela, Alejandra, ,**

Mailing Address 3817 Harris Road

City  
BakersfieldState  
CAZip Code  
93313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Recruitment Ops Manager - HH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42462

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 PageFOR LINE NUMBER: PAGE 81 OF 173  
(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. Hernandez, Daniela, Alejandra, ,**

Mailing Address 3817 Harris Road

City  
BakersfieldState  
CAZip Code  
93313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Recruitment Ops Manager - HH

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  
12 / 29 / 2023

Transaction ID : SA11AI.42609

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. House, Jessica, L, ,**

Mailing Address 1460 Clifton Pond Road

City  
LouisburgState  
NCZip Code  
27549FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42706

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. House, Jessica, L, ,**

Mailing Address 1460 Clifton Pond Road

City  
LouisburgState  
NCZip Code  
27549FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42116

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 PageFOR LINE NUMBER: PAGE 82 OF 173  
(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. House, Jessica, L, ,**

Mailing Address 1460 Clifton Pond Road

City  
LouisburgState  
NCZip Code  
27549FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42265

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. House, Jessica, L, ,**

Mailing Address 1460 Clifton Pond Road

City  
LouisburgState  
NCZip Code  
27549FEC 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42412

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. House, Jessica, L, ,**

Mailing Address 1460 Clifton Pond Road

City  
LouisburgState  
NCZip Code  
27549FEC 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42559

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 PageFOR LINE NUMBER: PAGE 83 OF 173  
(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. Howard, Lindsey, Wright, ,**

Mailing Address 143 Canvasback Road

City  
MooresvilleState  
NCZip Code  
28117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42769

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. Howard, Lindsey, Wright, ,**

Mailing Address 143 Canvasback Road

City  
MooresvilleState  
NCZip Code  
28117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42179

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. Howard, Lindsey, Wright, ,**

Mailing Address 143 Canvasback Road

City  
MooresvilleState  
NCZip Code  
28117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42327

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 PageFOR LINE NUMBER: PAGE 84 OF 173  
(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. Howard, Lindsey, Wright, ,**

Mailing Address 143 Canvasback Road

City  
MooresvilleState  
NCZip Code  
28117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42474

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. Howard, Lindsey, Wright, ,**

Mailing Address 143 Canvasback Road

City  
MooresvilleState  
NCZip Code  
28117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42621

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. Huffman, Whitney, , ,**

Mailing Address 4537 Laurelwood Dr

City  
RoanokeState  
VAZip Code  
24018FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42747

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: PAGE 85 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Huffman, Whitney, , ,**

Mailing Address 4537 Laurelwood Dr

City  
RoanokeState  
VAZip Code  
24018FEC 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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42157

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  
RoanokeState  
VAZip Code  
24018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42306

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  
RoanokeState  
VAZip Code  
24018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42453

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 86 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Huffman, Whitney, , ,**

Mailing Address 4537 Laurelwood Dr

City  
RoanokeState  
VAZip Code  
24018FEC 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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42600

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42640

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  
LovelandState  
OHZip Code  
45140FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42050

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 87 OF 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Jones, Blake, W, ,**

Mailing Address 1508 Charleston Lane

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42199

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  
LovelandState  
OHZip Code  
45140FEC 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42346

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42493

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 PageFOR LINE NUMBER: PAGE 88 OF 173  
(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. Josephson, Adam, , ,**

Mailing Address 5250 Angelina Rd

City  
OceansideState  
CAZip Code  
92056FEC 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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42670

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  
OceansideState  
CAZip Code  
92056FEC 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 ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42080

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  
OceansideState  
CAZip Code  
92056FEC 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42229

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 PageFOR LINE NUMBER: PAGE 89 OF 173  
(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. Josephson, Adam, , ,**

Mailing Address 5250 Angelina Rd

City  
OceansideState  
CAZip Code  
92056FEC 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 ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42376

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  
OceansideState  
CAZip Code  
92056FEC 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 ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42523

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. King, Gretchen, Marie, ,**

Mailing Address 983 S Trainer Rd

City  
RockfordState  
ILZip Code  
61108FEC 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 ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42225

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 PageFOR LINE NUMBER: PAGE 90 OF 173  
(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. King, Gretchen, Marie, ,**

Mailing Address 983 S Trainer Rd

City  
RockfordState  
ILZip Code  
61108FEC 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  
12 / 22 / 2023

Transaction ID : SA11AI.42372

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. King, Gretchen, Marie, ,**

Mailing Address 983 S Trainer Rd

City  
RockfordState  
ILZip Code  
61108FEC 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  
12 / 29 / 2023

Transaction ID : SA11AI.42519

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. 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 ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42651

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)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 Inc

Occupation (for Individual)

CNO &amp; SVP Clini OP and Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42061

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 Inc

Occupation (for Individual)

CNO &amp; SVP Clini OP and Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42210

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 Inc

Occupation (for Individual)

CNO &amp; SVP Clini OP and Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42357

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 92 OF 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

1560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42504

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. Lopez, Ruby, , ,**

Mailing Address 2771 N Garey Ave Unit 222

City  
PomonaState  
CAZip Code  
91767FEC 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 ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42601

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42729

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)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 93 OF 173  
(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. 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 Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42139

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 Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42288

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 Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42435

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 PageFOR LINE NUMBER: PAGE 94 OF 173  
(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. 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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42582

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42686

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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42096

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 95 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42245

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 Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42392

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 Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42539

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 PageFOR LINE NUMBER: PAGE 96 OF 173  
(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. Martin-Greene, Drake, , ,**

Mailing Address 3035 Berkeley Ave

City  
Lake TahoeState  
CAZip Code  
96150FEC 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

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42725

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 TahoeState  
CAZip Code  
96150FEC 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 ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42135

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 TahoeState  
CAZip Code  
96150FEC 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42284

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 97 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42431

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 ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42578

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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42636

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 PageFOR LINE NUMBER: PAGE 98 OF 173  
(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. Martinecek, 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 ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42046

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. Martinecek, 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42195

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. Martinecek, 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 ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42342

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 PageFOR LINE NUMBER: PAGE 99 OF 173  
(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. Martinec, 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 ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42489

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. Massello, Edmund, G, ,**

Mailing Address 139 Thomas St NW

City  
WashingtonState  
DCZip Code  
20001FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42650

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. Massello, Edmund, G, ,**

Mailing Address 139 Thomas St NW

City  
WashingtonState  
DCZip Code  
20001FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42060

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 PageFOR LINE NUMBER: PAGE 100 OF 173  
(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. Massello, Edmund, G, ,**

Mailing Address 139 Thomas St NW

City  
WashingtonState  
DCZip Code  
20001FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42209

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. Massello, Edmund, G, ,**

Mailing Address 139 Thomas St NW

City  
WashingtonState  
DCZip Code  
20001FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42356

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. Massello, Edmund, G, ,**

Mailing Address 139 Thomas St NW

City  
WashingtonState  
DCZip Code  
20001FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42503

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 101 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. McNamara, Daniel, B, ,**

Mailing Address 51 Cypress St

City  
Floral ParkState  
NYZip Code  
11001FEC 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 M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42627

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 ParkState  
NYZip Code  
11001FEC 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 M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42037

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 ParkState  
NYZip Code  
11001FEC 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 M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42186

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 PageFOR LINE NUMBER: PAGE 102 OF 173  
(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. McNamara, Daniel, B, ,**

Mailing Address 51 Cypress St

City  
Floral ParkState  
NYZip Code  
11001FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42333

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 ParkState  
NYZip Code  
11001FEC 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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42480

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. Melone, Lisa, M, ,**

Mailing Address 6643 Applewood Blvd

City  
BoardmanState  
OHZip Code  
44512FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42745

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Melone, Lisa, M, ,**

Mailing Address 6643 Applewood Blvd

City  
BoardmanState  
OHZip Code  
44512FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2023

**Transaction ID : SA11AI.42155**

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  
BoardmanState  
OHZip Code  
44512FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2023

**Transaction ID : SA11AI.42304**

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  
BoardmanState  
OHZip Code  
44512FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2023

**Transaction ID : SA11AI.42451**

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 PageFOR LINE NUMBER: PAGE 104 OF 173  
(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. Melone, Lisa, M, ,**

Mailing Address 6643 Applewood Blvd

City  
BoardmanState  
OHZip Code  
44512FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42598

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. Middleton, Deeley, C, ,**

Mailing Address 213 St Dunstans Road

City  
BaltimoreState  
MDZip Code  
21212FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42638

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  
BaltimoreState  
MDZip Code  
21212FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1413.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42048

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)..... ►

67.68



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

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

Mailing Address 213 St Dunstans Road

City  
BaltimoreState  
MDZip Code  
21212FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

SVP - Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42197

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  
BaltimoreState  
MDZip Code  
21212FEC 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 ▼

1470.84

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42344

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  
BaltimoreState  
MDZip Code  
21212FEC 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 ▼

1499.68

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42491

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)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 173

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42676

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 ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42086

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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42235

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 107 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42382

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42529

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. Nisbet, Robert, J, ,**

Mailing Address 1868 West North St

City  
BethlehemState  
PAZip Code  
18018FEC 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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42282

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: PAGE 108 OF 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Nisbet, Robert, J, ,**

Mailing Address 1868 West North St

City  
BethlehemState  
PAZip Code  
18018FEC 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  
12 / 22 / 2023

Transaction ID : SA11AI.42429

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. Nisbet, Robert, J, ,**

Mailing Address 1868 West North St

City  
BethlehemState  
PAZip Code  
18018FEC 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  
12 / 29 / 2023

Transaction ID : SA11AI.42576

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. Olatilo, Adetoyi, A, ,**

Mailing Address 6700 Algonquin Trail

City  
AllentownState  
PAZip Code  
18104FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42632

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 PageFOR LINE NUMBER: PAGE 109 OF 173  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Olatilo, Adetoyi, A, ,**

Mailing Address 6700 Algonquin Trail

City  
AllentownState  
PAZip Code  
18104FEC 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42042

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. Olatilo, Adetoyi, A, ,**

Mailing Address 6700 Algonquin Trail

City  
AllentownState  
PAZip Code  
18104FEC 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42191

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. Olatilo, Adetoyi, A, ,**

Mailing Address 6700 Algonquin Trail

City  
AllentownState  
PAZip Code  
18104FEC 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42338

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 PageFOR LINE NUMBER: PAGE 110 OF 173  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Olatilo, Adetoyi, A, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2023 <b>Transaction ID : SA11AI.42485</b>	
Mailing Address 6700 Algonquin Trail			Amount of Each Receipt this Period 10.00	
City Allentown	State PA	Zip Code 18104	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 370.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area VP Clinical Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Passabet, David, J, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2023 <b>Transaction ID : SA11AI.42653</b>	
Mailing Address 110 Lorna Doone Dr			Amount of Each Receipt this Period 5.00	
City Yorktown	State VA	Zip Code 23692	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Regional Director-Business Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Passabet, David, J, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2023 <b>Transaction ID : SA11AI.42063</b>	
Mailing Address 110 Lorna Doone Dr			Amount of Each Receipt this Period 5.00	
City Yorktown	State VA	Zip Code 23692	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 245.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Regional Director-Business Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			20.00	
<b>TOTAL</b> This Period (last page this line number only).....▶				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Passabet, David, J, ,**

Mailing Address 110 Lorna Doone Dr

City  
YorktownState  
VAZip Code  
23692FEC 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  
12 / 15 / 2023

Transaction ID : SA11AI.42212

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  
YorktownState  
VAZip Code  
23692FEC 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42359

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  
YorktownState  
VAZip Code  
23692FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42506

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 112 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

456.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42649

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 ▼

465.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42059

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 ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42208

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 PageFOR LINE NUMBER: PAGE 113 OF 173  
(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. 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 ▼

484.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42355

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 ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42502

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. Perez-Lopez, Catherine, Elizabeth, ,**

Mailing Address 17223 8th Ave NE

City  
ShorelineState  
WAZip Code  
98155FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42773

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)..... ►

29.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 114 OF 173  
(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. Perez-Lopez, Catherine, Elizabeth, ,**

Mailing Address 17223 8th Ave NE

City  
ShorelineState  
WAZip Code  
98155FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42183

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. Phipps, Laurie, M, ,**

Mailing Address 1110 Cloverfield

City  
LelandState  
NCZip Code  
28451FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42671

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  
LelandState  
NCZip Code  
28451FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42081

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)..... ►

40.00

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

PAGE 115 OF 173

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Phipps, Laurie, M, ,**

Mailing Address 1110 Cloverfield

City  
LelandState  
NCZip Code  
28451FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42230

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  
LelandState  
NCZip Code  
28451FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42377

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  
LelandState  
NCZip Code  
28451FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42524

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 PageFOR LINE NUMBER: PAGE 116 OF 173  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Plaine, Marsha, C, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2023 <b>Transaction ID : SA11AI.42692</b>	
Mailing Address 3503 Nelson Meadow Ln			Amount of Each Receipt this Period 20.00  <input type="checkbox"/> Memo Item Payroll Deduction	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Plaine, Marsha, C, ,</b>				
Mailing Address 3503 Nelson Meadow Ln			Date of Receipt M M / D D / Y Y Y Y Y 12 / 08 / 2023 <b>Transaction ID : SA11AI.42102</b>	
City Greensboro			Amount of Each Receipt this Period 20.00  <input type="checkbox"/> Memo Item Payroll Deduction	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 980.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Plaine, Marsha, C, ,</b>				
Mailing Address 3503 Nelson Meadow Ln			Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2023 <b>Transaction ID : SA11AI.42251</b>	
City Greensboro			Amount of Each Receipt this Period 20.00  <input type="checkbox"/> Memo Item Payroll Deduction	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			60.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 117 OF 173  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Plaine, Marsha, C, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2023 <b>Transaction ID : SA11AI.42398</b>	
Mailing Address 3503 Nelson Meadow Ln			Amount of Each Receipt this Period 20.00	
City Greensboro	State NC	Zip Code 27406	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1020.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area VP Clinical Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Plaine, Marsha, C, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2023 <b>Transaction ID : SA11AI.42545</b>	
Mailing Address 3503 Nelson Meadow Ln			Amount of Each Receipt this Period 20.00	
City Greensboro	State NC	Zip Code 27406	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1040.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Area VP Clinical Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Poitras, Jeffrey, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2023 <b>Transaction ID : SA11AI.42401</b>	
Mailing Address 1571 Chickasaw Ave			Amount of Each Receipt this Period 5.00	
City Los Angeles	State CA	Zip Code 90041	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 205.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Director of Business Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			45.00	
<b>TOTAL</b> This Period (last page this line number only).....▶				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Poitras, Jeffrey, , ,**

Mailing Address 1571 Chickasaw Ave

City  
Los AngelesState  
CAZip Code  
90041FEC 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  
12 / 29 / 2023

Transaction ID : SA11AI.42548

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. Raney, Michael, , ,**

Mailing Address 8105 Grand Harbour CT

City  
WilmingtonState  
NCZip Code  
28411FEC 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 ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42644

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  
WilmingtonState  
NCZip Code  
28411FEC 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 ▼

1372.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42054

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)..... ►

61.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 OF 173

(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  
WilmingtonState  
NCZip Code  
28411FEC 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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42203

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  
WilmingtonState  
NCZip Code  
28411FEC 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 ▼

1428.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42350

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  
WilmingtonState  
NCZip Code  
28411FEC 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 ▼

1456.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42497

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 PageFOR LINE NUMBER: PAGE 120 OF 173  
(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. Rawlings, Thomas, L, ,**

Mailing Address 1835 Midsummer Lane

City  
JarrettsvilleState  
MDZip Code  
21084FEC 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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42643

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  
JarrettsvilleState  
MDZip Code  
21084FEC 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 ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42053

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  
JarrettsvilleState  
MDZip Code  
21084FEC 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42202

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 PageFOR LINE NUMBER: PAGE 121 OF 173  
(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. Rawlings, Thomas, L, ,**

Mailing Address 1835 Midsummer Lane

City  
JarrettsvilleState  
MDZip Code  
21084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Senior Director of Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42349

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  
JarrettsvilleState  
MDZip Code  
21084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Senior Director of Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42496

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. Reed, Andrea, Elizabeth, ,**

Mailing Address 421 Redeemer Ct

City  
DefianceState  
MOZip Code  
63341FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42707

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 173

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Reed, Andrea, Elizabeth, ,**

Mailing Address 421 Redeemer Ct

City  
DefianceState  
MOZip Code  
63341FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42117

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, Andrea, Elizabeth, ,**

Mailing Address 421 Redeemer Ct

City  
DefianceState  
MOZip Code  
63341FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42266

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, Andrea, Elizabeth, ,**

Mailing Address 421 Redeemer Ct

City  
DefianceState  
MOZip Code  
63341FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42413

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 123 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Reed, Andrea, Elizabeth, ,**

Mailing Address 421 Redeemer Ct

City  
DefianceState  
MOZip Code  
63341FEC 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42560

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  
ElizabethtownState  
PAZip Code  
17022FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42708

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  
ElizabethtownState  
PAZip Code  
17022FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42118

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 PageFOR LINE NUMBER: PAGE 124 OF 173  
(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. Reed, Nicole, L, ,**

Mailing Address 954 Kennedy Lane

City  
ElizabethtownState  
PAZip Code  
17022FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42267

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  
ElizabethtownState  
PAZip Code  
17022FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42414

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  
ElizabethtownState  
PAZip Code  
17022FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42561

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 173

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42626

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 ▼

1225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42036

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 ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42185

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 173

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

1275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42332

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 ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42479

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. Rider, Steven, M, ,**

Mailing Address 532 Sandpiper Circle

City  
NashvilleState  
TNZip Code  
37221FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42629

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)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Rider, Steven, M, ,**

Mailing Address 532 Sandpiper Circle

City  
NashvilleState  
TNZip Code  
37221FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42039

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  
NashvilleState  
TNZip Code  
37221FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42188

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  
NashvilleState  
TNZip Code  
37221FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42335

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 PageFOR LINE NUMBER: PAGE 128 OF 173  
(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. Rider, Steven, M, ,**

Mailing Address 532 Sandpiper Circle

City  
NashvilleState  
TNZip Code  
37221FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42482

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. Rios Wilder, Claudia, , ,**

Mailing Address 1258 Sea Lavender Lane

City  
BeaumontState  
CAZip Code  
92223FEC 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 ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42541

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 TownshipState  
OHZip Code  
44138FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42661

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)..... ►

20.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 129 OF 173  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Rivera, Luis, F, ,**

Mailing Address 26987 Glenside Ln

City  
Olmsted TownshipState  
OHZip Code  
44138FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42071

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 TownshipState  
OHZip Code  
44138FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42220

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 TownshipState  
OHZip Code  
44138FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42367

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 130 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

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

**A. Rivera, Luis, F, ,**

Mailing Address 26987 Glenside Ln

City  
Olmsted TownshipState  
OHZip Code  
44138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42514

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. Rogers, Kristina, R, ,**

Mailing Address 9209 Halsey Drive

City  
GrovelandState  
FLZip Code  
34736FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42750

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. Rogers, Kristina, R, ,**

Mailing Address 9209 Halsey Drive

City  
GrovelandState  
FLZip Code  
34736FEC 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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42160

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Rogers, Kristina, R, ,**

Mailing Address 9209 Halsey Drive

City  
GrovelandState  
FLZip Code  
34736FEC 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 ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42309

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. Rogers, Kristina, R, ,**

Mailing Address 9209 Halsey Drive

City  
GrovelandState  
FLZip Code  
34736FEC 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 ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42456

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. Rogers, Kristina, R, ,**

Mailing Address 9209 Halsey Drive

City  
GrovelandState  
FLZip Code  
34736FEC 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 ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42603

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 PageFOR LINE NUMBER: PAGE 132 OF 173  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42756

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42166

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  
PoquosonState  
VAZip Code  
23662FEC 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42721

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 PageFOR LINE NUMBER: PAGE 133 OF 173  
(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. Sasser, Ashley, , ,**

Mailing Address 31 Bay St

City  
PoquosonState  
VAZip Code  
23662FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42131

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  
PoquosonState  
VAZip Code  
23662FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42280

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  
PoquosonState  
VAZip Code  
23662FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42427

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 PageFOR LINE NUMBER: PAGE 134 OF 173  
(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. Sasser, Ashley, , ,**

Mailing Address 31 Bay St

City  
PoquosonState  
VAZip Code  
23662FEC 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42574

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. 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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42679

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'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 ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42089

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)..... ►

25.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42238

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 ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42385

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'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 ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42532

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 PageFOR LINE NUMBER: PAGE 136 OF 173  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Simmonds, Kristen, N, ,**

Mailing Address 10 North Railway

City  
New BadenState  
ILZip Code  
62265FEC 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 ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2023

**Transaction ID : SA11AI.42722**

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. Simmonds, Kristen, N, ,**

Mailing Address 10 North Railway

City  
New BadenState  
ILZip Code  
62265FEC 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 ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2023

**Transaction ID : SA11AI.42132**

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. Simmonds, Kristen, N, ,**

Mailing Address 10 North Railway

City  
New BadenState  
ILZip Code  
62265FEC 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 ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2023

**Transaction ID : SA11AI.42281**

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 137 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Simmonds, Kristen, N, ,**

Mailing Address 10 North Railway

City  
New BadenState  
ILZip Code  
62265FEC 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 ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42428

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. Simmonds, Kristen, N, ,**

Mailing Address 10 North Railway

City  
New BadenState  
ILZip Code  
62265FEC 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 ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42575

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 ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42642

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)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

1470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42052

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

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

Mailing Address 9016 Sunni Shade Ct

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42201

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 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 ▼

1530.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42348

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction

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

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 139 OF 173  
(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. 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 ▼

1560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42495

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. Spahr, Brian, M, ,**

Mailing Address 2421 Bear Rock Gln

City  
EscondidoState  
CAZip Code  
92026FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42702

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  
EscondidoState  
CAZip Code  
92026FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42112

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)..... ►

40.00

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

PAGE 140 OF 173

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Spahr, Brian, M, ,**

Mailing Address 2421 Bear Rock Gln

City  
EscondidoState  
CAZip Code  
92026FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42261

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  
EscondidoState  
CAZip Code  
92026FEC 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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42408

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  
EscondidoState  
CAZip Code  
92026FEC 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42555

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 141 OF 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Spalt, Jeremy, M, ,**

Mailing Address 1305 Asbury Road

City  
BaltimoreState  
MDZip Code  
21209FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42639

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  
BaltimoreState  
MDZip Code  
21209FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42049

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  
BaltimoreState  
MDZip Code  
21209FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42198

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 142 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Spalt, Jeremy, M, ,**

Mailing Address 1305 Asbury Road

City  
BaltimoreState  
MDZip Code  
21209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director - Accounts Receivable

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42345

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  
BaltimoreState  
MDZip Code  
21209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director - Accounts Receivable

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42492

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  
HubertState  
NCZip Code  
28539FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42652

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 PageFOR LINE NUMBER: PAGE 143 OF 173  
(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. Stabley, Kieta, L, ,**

Mailing Address 202 Rudolph Ln

City  
HubertState  
NCZip Code  
28539FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42062

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  
HubertState  
NCZip Code  
28539FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42211

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  
HubertState  
NCZip Code  
28539FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42358

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 144 OF 173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Stabley, Kieta, L, ,**

Mailing Address 202 Rudolph Ln

City  
HubertState  
NCZip Code  
28539FEC 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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42505

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. 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 Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42654

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  
MiamiState  
FLZip Code  
33133FEC 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 ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42064

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).....▶

25.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 145 OF 173  
(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. 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42213

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 ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42360

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  
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 ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42507

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 PageFOR LINE NUMBER: PAGE 146 OF 173  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42648

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  
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 ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42058

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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42207

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 PageFOR LINE NUMBER: PAGE 147 OF 173  
(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. 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 ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42354

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  
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 ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42501

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  
RocklinState  
CAZip Code  
95677FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42704

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 148 OF 173

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

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

**A. Stone, Sean, Taylor, ,**

Mailing Address 6029 Marlee Ct

City  
RocklinState  
CAZip Code  
95677FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42114

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  
RocklinState  
CAZip Code  
95677FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42263

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  
RocklinState  
CAZip Code  
95677FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42410

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 PageFOR LINE NUMBER: PAGE 149 OF 173  
(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. Stone, Sean, Taylor, ,**

Mailing Address 6029 Marlee Ct

City  
RocklinState  
CAZip Code  
95677FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director of Product S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42557

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. Stover, Regina, , ,**

Mailing Address 3400 Hemphill Road

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

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42665

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  
NortonState  
OHZip Code  
44203FEC 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 ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42075

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)..... ►

25.00

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

PAGE 150 OF 173

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Stover, Regina, , ,**

Mailing Address 3400 Hemphill Road

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42224

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42371

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42518

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 151 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Taggart, Robert, D, ,**

Mailing Address 485 Snowmass Ct

City  
RenoState  
NVZip Code  
89511FEC 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 ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42713

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. Taggart, Robert, D, ,**

Mailing Address 485 Snowmass Ct

City  
RenoState  
NVZip Code  
89511FEC 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 ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42123

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. Taggart, Robert, D, ,**

Mailing Address 485 Snowmass Ct

City  
RenoState  
NVZip Code  
89511FEC 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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42272

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 PageFOR LINE NUMBER: PAGE 152 OF 173  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Taggart, Robert, D, ,**

Mailing Address 485 Snowmass Ct

City  
RenoState  
NVZip Code  
89511FEC 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 ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42419

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. Taggart, Robert, D, ,**

Mailing Address 485 Snowmass Ct

City  
RenoState  
NVZip Code  
89511FEC 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 M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42566

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. Towne, Jessica, Leigh, ,**

Mailing Address 36034 Hickory St

City  
Fruitland ParkState  
FLZip Code  
34731FEC 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  
12 / 01 / 2023

Transaction ID : SA11AI.42720

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 PageFOR LINE NUMBER: PAGE 153 OF 173  
(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. Towne, Jessica, Leigh, ,**

Mailing Address 36034 Hickory St

City  
Fruitland ParkState  
FLZip Code  
34731FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42130

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. Towne, Jessica, Leigh, ,**

Mailing Address 36034 Hickory St

City  
Fruitland ParkState  
FLZip Code  
34731FEC 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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42279

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. Towne, Jessica, Leigh, ,**

Mailing Address 36034 Hickory St

City  
Fruitland ParkState  
FLZip Code  
34731FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42426

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 154 OF 173

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Towne, Jessica, Leigh, ,**

Mailing Address 36034 Hickory St

City  
Fruitland ParkState  
FLZip Code  
34731FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42573

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  
DillsburgState  
PAZip Code  
17019FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42637

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  
DillsburgState  
PAZip Code  
17019FEC 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42047

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 PageFOR LINE NUMBER: PAGE 155 OF 173  
(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. Truman, Brandon, K, ,**

Mailing Address 12 Bold Ruler Circle

City  
DillsburgState  
PAZip Code  
17019FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42196

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  
DillsburgState  
PAZip Code  
17019FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42343

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  
DillsburgState  
PAZip Code  
17019FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42490

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 156 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Vander Veer, Sean, , ,**

Mailing Address 1573 Sweet Clover Park

City  
LexingtonState  
KYZip Code  
40509FEC 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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42755

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. Vander Veer, Sean, , ,**

Mailing Address 1573 Sweet Clover Park

City  
LexingtonState  
KYZip Code  
40509FEC 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 ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42165

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. Vander Veer, Sean, , ,**

Mailing Address 1573 Sweet Clover Park

City  
LexingtonState  
KYZip Code  
40509FEC 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42314

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 PageFOR LINE NUMBER: PAGE 157 OF 173  
(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. Vander Veer, Sean, , ,**

Mailing Address 1573 Sweet Clover Park

City  
LexingtonState  
KYZip Code  
40509FEC 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 ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42461

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. Vander Veer, Sean, , ,**

Mailing Address 1573 Sweet Clover Park

City  
LexingtonState  
KYZip Code  
40509FEC 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 ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42608

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. 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42680

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: PAGE 158 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42090

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42239

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 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42386

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 PageFOR LINE NUMBER: PAGE 159 OF 173  
(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. 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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42533

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. 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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42631

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  
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 ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42041

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)..... ►

25.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 160 OF 173  
(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. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42190

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 ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42337

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  
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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42484

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 161 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42740

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 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 II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42150

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 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 II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42299

Amount of Each Receipt this Period

7.00

☐ Memo Item

Payroll Deduction

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

21.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 162 OF 173  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42446

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 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 II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42593

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. Whiting, Evan, D, ,**

Mailing Address 1469 Bridle Creek Blvd

City  
Virginia BeachState  
VAZip Code  
23464FEC 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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42656

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)..... ►

24.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 163 OF 173  
(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. Whiting, Evan, D, ,**

Mailing Address 1469 Bridle Creek Blvd

City  
Virginia BeachState  
VAZip Code  
23464FEC 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 ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42066

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 BeachState  
VAZip Code  
23464FEC 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42215

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 BeachState  
VAZip Code  
23464FEC 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 ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42362

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 164 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Whiting, Evan, D, ,**

Mailing Address 1469 Bridle Creek Blvd

City  
Virginia BeachState  
VAZip Code  
23464FEC 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 ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42509

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. Williams, Cameron, , ,**

Mailing Address 232 Elm Street

City  
LudlowState  
KYZip Code  
41016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional Field Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42655

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  
LudlowState  
KYZip Code  
41016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional Field Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42065

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)..... ►

20.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 165 OF 173  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Williams, Cameron, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2023 <b>Transaction ID : SA11AI.42214</b>	
Mailing Address 232 Elm Street			Amount of Each Receipt this Period 5.00	
City Ludlow	State KY	Zip Code 41016	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Regional Field Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Williams, Cameron, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2023 <b>Transaction ID : SA11AI.42361</b>	
Mailing Address 232 Elm Street			Amount of Each Receipt this Period 5.00	
City Ludlow	State KY	Zip Code 41016	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 255.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Regional Field Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Williams, Cameron, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2023 <b>Transaction ID : SA11AI.42508</b>	
Mailing Address 232 Elm Street			Amount of Each Receipt this Period 5.00	
City Ludlow	State KY	Zip Code 41016	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 260.00		
Name of Employer (for Individual) Maxim Healthcare Services Inc		Occupation (for Individual) Regional Field Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			15.00	
<b>TOTAL</b> This Period (last page this line number only).....▶				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Worcester, Cheri, , ,**

Mailing Address 2055 Truman Lane

City  
OakleyState  
CAZip Code  
94561FEC 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 M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42759

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  
OakleyState  
CAZip Code  
94561FEC 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 M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42169

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  
OakleyState  
CAZip Code  
94561FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42317

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 167 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. Worcester, Cheri, , ,**

Mailing Address 2055 Truman Lane

City  
OakleyState  
CAZip Code  
94561FEC 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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42464

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  
OakleyState  
CAZip Code  
94561FEC 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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42611

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 Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023

Transaction ID : SA11AI.42698

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 168 OF 173

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A. 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11AI.42108

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  
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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11AI.42257

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 ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11AI.42404

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 169 OF 173

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

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

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

**A.** 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2023

Transaction ID : SA11AI.42551

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.**

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

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)..... ►

5.00

4376.70

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

PAGE 170 OF 173

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ANNA ESHOO FOR CONGRESS**

Mailing Address 555 CAPITOL MALL, SUITE 400

City  
SACRAMENTOState  
CAZip Code  
95814

Purpose of Disbursement

Void of previously reported federal contribution. Will not be re-issued

011

Candidate Name

ESHOO, ANNA, G., ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		2	9			2	0	2	3		

FEC Identification Number

C C00258475

Transaction ID : SB23.42792

Amount of Each Disbursement this Period

- 1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BILL CASSIDY FOR US SENATE**

Mailing Address PO BOX 80505

City  
BATON ROUGEState  
LAZip Code  
70898-0505

Purpose of Disbursement

Void of previously reported federal contribution. Will not be re-issued

011

Candidate Name

CASSIDY, WILLIAM, M., ,

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		2	9			2	0	2	3		

FEC Identification Number

C C00543983

Transaction ID : SB23.42788

Amount of Each Disbursement this Period

- 1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LISA MURKOWSKI FOR US SENATE**

Mailing Address PO BOX 100847

City  
ANCHORAGEState  
AKZip Code  
99510

Purpose of Disbursement

Void of previously reported federal contribution. Will not be re-issued

011

Candidate Name

MURKOWSKI, LISA, , ,

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AK

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		2	9			2	0	2	3		

FEC Identification Number

C C00384529

Transaction ID : SB23.42794

Amount of Each Disbursement this Period

- 2000.00

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

- 5000.00

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

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

PAGE 171 OF 173

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TOMORROW IS MEANINGFUL PAC**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		29		2023

Mailing Address 7620 RIVERS AVE  
STE 370, #312City  
NORTH CHARLESTONState  
SCZip Code  
29406

Purpose of Disbursement

Void of previously reported federal contribution. Will not be re-issued

Candidate Name

011

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

**C** C00495887**Transaction ID : SB23.42790**

Amount of Each Disbursement this Period

- 1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

- 1500.00

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

- 6500.00

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

PAGE 172 OF 173

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Campaign Committee to Elect Michelle Gorelow**

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	2	9	/	2	0	2	3		

Mailing Address 8545 W Warm Springs Rd.  
Suite A-4, Box 107City  
Las VegasState  
NVZip Code  
89113

Purpose of Disbursement

Void of previously reported non-federal contribution. Will not be re-issued.

Candidate Name

011

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

**C** Transaction ID : SB29.42782

Amount of Each Disbursement this Period

- 1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Alexis Hansen**

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	2	9	/	2	0	2	3		

Mailing Address 68 Amigo Ct.

City  
SparksState  
NVZip Code  
89441

Purpose of Disbursement

Void of previously reported non-federal contribution. Will not be re-issued

Candidate Name

011

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

**C** Transaction ID : SB29.42783

Amount of Each Disbursement this Period

- 1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONNA WHITE FOR NC HOUSE**

Date of Disbursement

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

Mailing Address PO BOX 1351

City  
CLAYTONState  
NCZip Code  
27528

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

**C** Transaction ID : SB29.42774

Amount of Each Disbursement this Period

2000.00

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

0.00

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

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

PAGE 173 OF 173

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. North Carolina Republican House Caucus**

Mailing Address 1506 Hillsborough Street

City  
RaleighState  
NCZip Code  
27605

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5		6	7	8	9	0	
2023												

FEC Identification Number

C

Transaction ID : SB29.42776

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. North Carolina Senate Caucus**

Mailing Address 1506 Hillsborough Street

City  
RaleighState  
NCZip Code  
27605

Purpose of Disbursement

Non-Federal Political Contribution

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5		6	7	8	9	0	
2023												

FEC Identification Number

C

Transaction ID : SB29.42778

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

500.00

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

500.00