

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

Office Use Only

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

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

ADDRESS (number and street)

7227 Lee Deforest Drive

Check if different  
than previously  
reported. (ACC)

Columbia

MD

21046

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00558932

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Estes, Kirstyn, A, ,

Type or Print Name of Treasurer

Signature of Treasurer

Estes, Kirstyn, A, ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2022 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2022</span>		<span style="border: 1px solid black; padding: 2px;">84189.77</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">90810.49</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">3215.36</span>	<span style="border: 1px solid black; padding: 2px;">9836.08</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">94025.85</span>	<span style="border: 1px solid black; padding: 2px;">94025.85</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">2500.00</span>	<span style="border: 1px solid black; padding: 2px;">2500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">91525.85</span>	<span style="border: 1px solid black; padding: 2px;">91525.85</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	967.36	1353.04
(ii) Unitemized .....	2248.00	8483.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3215.36	9836.08
(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) .....	3215.36	9836.08
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)) .....	3215.36	9836.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3215.36	9836.08

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2500.00	2500.00
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)) ..	2500.00	2500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	2500.00

**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) .....	3215.36	9836.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3215.36	9836.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 18

(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. Carbone, Raymond, A, ,

Mailing Address 367 Berkshire Drive

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

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Sr. VP Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2022

Transaction ID : SA11AI.23584

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. Carbone, Raymond, A, ,

Mailing Address 367 Berkshire Drive

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

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Sr. VP Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2022

Transaction ID : SA11AI.23585

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. Carbone, Raymond, A, ,

Mailing Address 367 Berkshire Drive

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

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Sr. VP Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2022

Transaction ID : SA11AI.23586

Amount of Each Receipt this Period

30.00

☐ Memo Item  
Payroll Deduction

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 18

(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. Carbone, Raymond, A, ,**

Mailing Address 367 Berkshire Drive

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

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Sr. VP Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2022

Transaction ID : SA11AI.23587

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 04 / 2022

Transaction ID : SA11AI.23632

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 11 / 2022

Transaction ID : SA11AI.23633

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 8 OF 18

(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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 18 / 2022

Transaction ID : SA11AI.23634

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2022

Transaction ID : SA11AI.23635

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 04 / 2022

Transaction ID : SA11AI.23636

Amount of Each Receipt this Period

30.00

☐ Memo Item  
☐ Payroll Deduction

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

90.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 18

(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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 11 / 2022

Transaction ID : SA11AI.23637

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 18 / 2022

Transaction ID : SA11AI.23638

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2022

Transaction ID : SA11AI.23639

Amount of Each Receipt this Period

30.00

☐ Memo Item  
Payroll Deduction

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 18

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City  
Winnabow

State  
NC

Zip Code  
28479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Sr. VP of Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2022

Transaction ID : SA11AI.23689

Amount of Each Receipt this Period

30.00

☐ Memo Item  
Payroll Deduction

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

B. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City  
Winnabow

State  
NC

Zip Code  
28479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Sr. VP of Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2022

Transaction ID : SA11AI.23690

Amount of Each Receipt this Period

30.00

☐ Memo Item  
Payroll Deduction

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

C. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City  
Winnabow

State  
NC

Zip Code  
28479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Sr. VP of 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 Y  
03 / 18 / 2022

Transaction ID : SA11AI.23691

Amount of Each Receipt this Period

30.00

☐ Memo Item  
Payroll Deduction

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 18

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Lanier, Laura, K, ,**

Mailing Address 650 Heartwood Dr.

City  
Winnabow

State  
NC

Zip Code  
28479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Sr. VP of 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 Y  
03 / 25 / 2022

**Transaction ID : SA11AI.23692**

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. Middleton, Deeley, C, ,**

Mailing Address 213 St Dunstans Road

City  
Baltimore

State  
MD

Zip Code  
21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
CCO & Sr. VP of Quality,Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2022

**Transaction ID : SA11AI.23728**

Amount of Each Receipt this Period

28.84

☐ Memo Item  
Payroll Deduction

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

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

Mailing Address 213 St Dunstans Road

City  
Baltimore

State  
MD

Zip Code  
21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
CCO & Sr. VP of Quality,Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

288.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2022

**Transaction ID : SA11AI.23729**

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)..... ►

87.68

# **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 18  
(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. Middleton, Deeley, C, ,**

Mailing Address 213 St Dunstans Road

City  
Baltimore

State  
MD

Zip Code  
21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
CCO & Sr. VP of Quality, Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2022

**Transaction ID : SA11AI.23730**

Amount of Each Receipt this Period

28.84

☐ Memo Item  
Payroll Deduction

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

**B. Middleton, Deeley, C, ,**

Mailing Address 213 St Dunstans Road

City  
Baltimore

State  
MD

Zip Code  
21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
CCO & Sr. VP of Quality, Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2022

**Transaction ID : SA11AI.23731**

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. Plaine, Marsha, C, ,**

Mailing Address 3503 Nelson Meadow Ln

City  
Greensboro

State  
NC

Zip Code  
27406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2022

**Transaction ID : SA11AI.23758**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
Payroll Deduction

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

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

77.68

# **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 18

(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. Plaine, Marsha, C, ,**

Mailing Address 3503 Nelson Meadow Ln

City  
Greensboro

State  
NC

Zip Code  
27406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2022

**Transaction ID : SA11AI.23759**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
Payroll Deduction

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

**B. Raney, Michael, , ,**

Mailing Address 8105 Grand Harbour CT

City  
Wilmington

State  
NC

Zip Code  
28411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2022

**Transaction ID : SA11AI.23760**

Amount of Each Receipt this Period

28.00

☐ Memo Item  
Payroll Deduction

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

**C. Raney, Michael, , ,**

Mailing Address 8105 Grand Harbour CT

City  
Wilmington

State  
NC

Zip Code  
28411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2022

**Transaction ID : SA11AI.23761**

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)..... ►

76.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 18

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Raney, Michael, , ,**

Mailing Address 8105 Grand Harbour CT

City  
Wilmington

State  
NC

Zip Code  
28411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2022

**Transaction ID : SA11AI.23762**

Amount of Each Receipt this Period

28.00

☐ Memo Item  
Payroll Deduction

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

**B. Raney, Michael, , ,**

Mailing Address 8105 Grand Harbour CT

City  
Wilmington

State  
NC

Zip Code  
28411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2022

**Transaction ID : SA11AI.23763**

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. Riddle, Laura, J, ,**

Mailing Address 39 Blake Rd.

City  
Epping

State  
NH

Zip Code  
03042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2022

**Transaction ID : SA11AI.23772**

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)..... ►

81.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 18

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Riddle, Laura, J, ,**

Mailing Address 39 Blake Rd.

City  
Epping

State  
NH

Zip Code  
03042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 11 / 2022

Transaction ID : SA11AI.23773

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

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

**B. Riddle, Laura, J, ,**

Mailing Address 39 Blake Rd.

City  
Epping

State  
NH

Zip Code  
03042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

03 / 18 / 2022

Transaction ID : SA11AI.23774

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

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

**C. Riddle, Laura, J, ,**

Mailing Address 39 Blake Rd.

City  
Epping

State  
NH

Zip Code  
03042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 25 / 2022

Transaction ID : SA11AI.23775

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

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

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

75.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 18

☒ 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 Hall

State  
MD

Zip Code  
21128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Vice President - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2022

**Transaction ID : SA11AI.23812**

Amount of Each Receipt this Period

30.00

☐ Memo Item  
☐ Payroll Deduction

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

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

Mailing Address 9016 Sunni Shade Ct

City  
Perry Hall

State  
MD

Zip Code  
21128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Vice President - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2022

**Transaction ID : SA11AI.23813**

Amount of Each Receipt this Period

30.00

☐ Memo Item  
☐ Payroll Deduction

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

**C. Sipes, Christopher, , ,**

Mailing Address 9016 Sunni Shade Ct

City  
Perry Hall

State  
MD

Zip Code  
21128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Vice President - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2022

**Transaction ID : SA11AI.23814**

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:  
(check only one)

PAGE 17 OF 18

☒ 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 Hall

State  
MD

Zip Code  
21128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Vice President - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2022

Transaction ID : SA11AI.23815

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.**

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)..... ►

30.00

967.36

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 18

<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. Republican Senate Campaign Committee**

Mailing Address 4679 Winterset Drive

City  
ColumbusState  
OHZip Code  
43220Purpose of Disbursement  
Non-Federal Political Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	1			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB29.23888

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	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).....▶

2500.00

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

2500.00