Image# 202506209762425162					PAGE 1 / 54
FEC AN	EPORT OF F ND DISBURS Other Than An Author	SEMENT	S	Office	Use Only
1. NAME OF TYP COMMITTEE (in full)	E OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	
				E (MAXIM HEA	
ADDRESS (number and street)	227 Lee Deforest Drive				
Check if different than previously reported. (ACC)	Columbia			MD 210	46-3236
2. FEC IDENTIFICATION NUMB	ER ▼ CITY	A	S	TATE 🔺	ZIP CODE
C C00558932	3. IS RE		NEW N) OR	AMENDEI (A)	D
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 	Report Due On:	0 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8 Sep 20 (M9 Oct 20 (M10	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31	(c) 12-Day PRE -Election Report for the:	Convention (General (12G) Special (12S)	in the
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	on General (300	à)	Runoff (30R)	State of Special (30S)
Termination Report (TER)	Election	on /	D D / Y	YYYY	in the State of
5. Covering Period 05	01 / Y Y Y Y 01 2025	through	05	312	2025
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of m Campbell, Tara, L, ,	y knowledge and I	belief it is true	e, correct and comp	lete.
Signature of Treasurer	Tara, L, ,		Da	00	18 / Y Y Y Y 2025
NOTE: Submission of false, erroneous	, or incomplete information r	may subject the pers	son signing this	s Report to the pena I	lties of 52 U.S.C. § 3010
Office Use Only				FE	C FORM 3X Rev. 05/2016

06/20/2025 16 : 16

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Report Covering the Period: From: 05 01 2025 To: 05 31 2025

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
ð.	(a) Cash on Hand January 1, 2025		84405.23
	(b) Cash on Hand at Beginning of Reporting Period	95930.99	
	(c) Total Receipts (from Line 19)	9619.70	37340.46
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	105550.69	121745.69
	Total Disbursements (from Line 31)	450.00	16650.00
-	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	105100.69	105095.69
-	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

R	eport Covering the Period: From: 05		M M / D D / Y Y Y Y 05 31 2025
	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)	4568.70	11940.94
	(ii) Unitemized (iii) TOTAL (add	5051.00	25369.52
	Lines 11(a)(i) and (ii)	9619.70	37310.46
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(c) Other Political Committees(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	9619.70	37310.46
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17.	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	30.00
	(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))▶	9619.70	37340.46
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	9619.70	37340.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	C Form 3X (Rev. 05/2016) of Disbursements		
II. Disbursements	COLUMN A Total This Period	COLUMN B	
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
(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	
Transfers to Affiliated/Other Party			
Committees Contributions to Federal Candidates/Committees	0.00	0.00	
and Other Political Committees Independent Expenditures	0.00	0.00	
(use Schedule E) Coordinated Party Expenditures	0.00	0.00	
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made Refunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))	0.00	0.00	
Other Disbursements (Including Non-Federal Donations)	450.00	16650.00	
Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity (from Schedule H6)	20))		
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00	
Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and $30(c)$)	450.00	16650.00	
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	450.00	16650.00	

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	9619.70	37310.46
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9619.70	37310.46
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Lise senarate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

54

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	Image: Conceck only one) Image: The second secon
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	ay not be sold or used by any paddress of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	MAXIM HEALTHCARE SERVICES	INC PO	LITICAL ACTION COM	MITTEE (MAXIM HEALTHCARE PAC
Α.	Full Name of Individual (Last, First, Middle Initia Diaz, Matthew, Michael, ,	al) or Full O	Drganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Drive			05 / D D / Y Y Y Y Y 02 2025
	City Columbia	State MD	Zip Code 21046	Transaction ID : AD0530432C0A24C439I
			21040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual)	Occi	cupation (for Individual)	Memo Item
	Maxim Healthcare Services Inc	Reg	gional VP	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	00 0		
	Other (specify) v		540.00	
в.	Full Name of Individual (Last, First, Middle Initia Sipes, Christopher, , ,	al) or Full O	Drganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Drive		05 02 2025	
	City	State	Zip Code	Transaction ID : A26EB2697BA904FB29
	Columbia	MD	21046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc		cupation (for Individual) - Finance	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		, 480.00	
С.	Full Name of Individual (Last, First, Middle Initia Riddle, Laura, J, ,	al) or Full O	Drganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Drive			M M / D D / Y Y Y Y 05 02 2025
	City	State	Zip Code	Transaction ID : A2A51C39169E14716B3
	Columbia	MD	21046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc		cupation (for Individual) ional Director Consumer Directed	d Pr
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		450.00	
	Other (specify)		450.00	J
s	UBTOTAL of Receipts This Page (optional)			▶ 85.00
т	OTAL This Period (last page this line number of	nly)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

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Detailed Summary Page 11a 11b 11c Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME CF COMMITTEE (MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Plaine, Marsha, C, . Mailing Address 7227 Lee Deforest Drive City Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼ Mailing Address 7227 Lee Deforest Drive City State Zip Code Mailing Address 7227 Lee Deforest Drive City State Zip Code Mailing Address 7227 Lee Deforest Drive City State Receipt for: Name of Employer (for Individual) Maxim Healthcare Services Inc Name of Employer (for Individual) Maxim Healthcare Services Inc		Use separate schedule(s) (check only one)							
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting of or commetcal purpose, other than using the name and address of any policical committee to solicit contributions from such NAME OF COMMITTEE (IN Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Arry Dataset, C, . Mailing Address 7227 Lee Deforest Drive Date of Receipt City State Zip Code Columbia Mare of Employer for Individual) Occupation (for Individual) Anount of Each Receipt finitial) FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Image: Control Code MD Date of Receipt for: B. Middleton, Deeley, C, . Mailing Address 7227 Lee Deforest Drive Aggregate Year-to-Date ▼ Date of Receipt for: B. Middletori, Deeley, C, . Mailing Address 7227 Lee Deforest Drive Mailing Address 7227 Lee Deforest Drive Mailing Address 7227 Lee Deforest Drive Mare of Employer for Individual) State Zip Code Mailing Address 7227 Lee Deforest Drive C Aggregate Year-to-Date ▼ Transaction ID : A862A940 Amount of Each Receipt finitial FEC ID number of contributing federal political committee.			12 16 17						
MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Plaine, Marsha, C, . Mailing Address 7227 Lee Deforest Drive City Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ B. Middleton, Deeley, C, . Mailing Address 7227 Lee Deforest Drive City City City Other of individual Mailing Address 7227 Lee Deforest Drive City		y not be sold or used by any person for the purpose of soliciting con	tributions						
MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Plaine, Marsha, C, . Mailing Address 7227 Lee Deforest Drive City Columbia FEC ID number of contributing tederal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Aggregate Year-to-Date ▼ Other (specify) ▼ B. Middleton, Deeley, C, . Mailing Address 7227 Lee Deforest Drive City City <td></td> <td></td> <td></td>									
A. Plaine, Marsha, C, , Mailing Address 7227 Lee Deforest Drive Date of Receipt City State Zip Code City columbia MD 21046 FEC ID number of contributing tederal political committee. C Transaction ID : A4577014 Name of Employer (for Individual) Area VP Clinical Operations Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Middleton, Deeley, C, , Mailing Address 7227 Lee Deforest Drive Date of Receipt City State Zip Code Transaction ID : A862A940 Columbia MD 21046 Transaction ID : A862A940 FEC ID number of contributing tederal political committee. State Zip Code Transaction ID : A862A940 Mailing Address 7227 Lee Deforest Drive C Memo Item Memo Item Mailing Address 7227 Lee Deforest Drive State Zip Code Transaction ID : A862A940 Clumbia General Other (specify) ▼ State Transaction ID : A602A940 Memo Item State Zip Code T		ITICAL ACTION COMMITTEE (MAXIM HEALTHCA	RE PAC)						
City State Zip Code Transaction ID : A4577014 Columbia MD 21046 Amount of Each Receipt this FEC ID number of contributing federal political committee. C Image: Columbia (for Individual) (for Ind		-							
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federal political committee. V Name of Employer (for Individual) Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Middleton, Deeley, C, . Mailing Address 7227 Lee Deforest Drive Date of Receipt City State Zip Code Transaction ID : A862A940 Columbia Ma 21046 Amount of Each Receipt this FEC ID number of contributing federal political committee. Occupation (for Individual) Memo Item Maxim Healthcare Services Inc Aggregate Year-to-Date ▼ Image: Clip Clip Clip Clip Clip Clip Clip Clip									
Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Middleton, Deeley, C, , Malling Address 7227 Lee Deforest Drive Date of Receipt City State Zip Code Columbia MD 21046 FEC ID number of contributing federal political committee. C Primary General Occupation (for Individual) Maxim Healthcare Services Inc SVP - Chief Compliance Officer Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General SVP - Chief Compliance Officer Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Primary General SVP - Chief Compliance Officer Receipt For: Aggregate Year-to-Date ▼ Transaction ID : ACCCOF3 Malling Address 7227 Lee Deforest Drive State Zip Code City State Zip Code Transaction ID : ACCCOF3 Malling Address 7227 Lee Deforest Drive O O Transaction ID : ACCCOF3	5		20.00						
Primary General Aggregate Teat Octate ▼ Other (specify) ▼ 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 7227 Lee Deforest Drive 05 / 02 / 02 City State Zip Code Columbia MD 21046 FEC ID number of contributing C Transaction ID : A882A940 Amount of Employer (for Individual) Occupation (for Individual) Memo Item Mailing Address 7227 Lee Deforest Drive SVP - Chief Compliance Officer Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General State Zip Code Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : ACCCOF3 Transaction ID : ACCCOF3 Amount of Each Receipt this City Cubres State Zip Code Transaction ID : ACCCOF3 Amount of Each Receipt this Memo Item Memo Item Mailing Address 7227 Lee Deforest Drive Mailing Address 7227 Lee Deforest Drive Memo Item City Columbia Mailing Address 7227 Lee Deforest Drive Memo Item	ixim Healthcare Services Inc								
B. Middleton, Deeley, C, , Date of Receipt Mailing Address 7227 Lee Deforest Drive State Zip Code City State Zip Code Columbia MD 21046 FEC ID number of contributing federal political committee. C Transaction ID : A882A940 Amount of Each Receipt this Name of Employer (for Individual) Maxim Heatthcare Services Inc Occupation (for Individual) SVP - Chief Compliance Officer Receipt For: Aggregate Year-to-Date ▼ Memo Item Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Date of Receipt City State Zip Code Date of Receipt City State Zip Code Transaction ID : A8CCOF3 Amount of Each Receipt Imital) Occupation (for Individual) Amount of Each Receipt Mailing Address 7227 Lee Deforest Drive MD 21046 Transaction ID : ACCCOF3 Amount of Each Receipt Imital Occupation (for Individual) Memo Item Memo Item Maxim Healthcare Services Inc Occupation (for Individual) Memo Item Memo Item	Primary General								
City State Zip Code Columbia MD 21046 FEC ID number of contributing C Amount of Each Receipt this Technologie C Memo Item Name of Employer (for Individual) Occupation (for Individual) Wemo Item Maxim Healthcare Services Inc SVP - Chief Compliance Officer Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Transaction ID : A862A940 City State Zip Code Date of Receipt City State Zip Code Transaction ID : ACCCOF3 Columbia MD 21046 Mount of Each Receipt this FEC ID number of contributing federal political committee. C Munut of Each Receipt this Name of Employer (for Individual) Occupation (for Individual) Memo Item Maxim Healthcare Services Inc Occupation (for Individual) Memo Item Maxim Healthcare Services Inc Occupation (for Individual) Memo Item Maxim Healthcare Services Inc Occupation (for Individual) Me	liddleton, Deeley, C, ,	Date of Receipt	YY						
Columbia MD 21046 Amount of Each Receipt this FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Aggregate Year-to-Date ▼ Memo Item Primary General Other (specify) ▼ Date of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City State Zip Code Transaction ID : ACCCOF3 City State Zip Code Amount of Each Receipt this FEC ID number of contributing federal political committee. C Image: Committee Co		05 02 202	25						
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Main of Employer (for Individual) SVP - Chief Compliance Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 519,12 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Lanier, Laura, K, , Mailing Address 7227 Lee Deforest Drive Date of Receipt City State Zip Code Columbia MD 21046 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc CNO & SVP Clini OP and Quality	5		28.84						
Primary General Other (specify) ✓ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Lanier, Laura, K, , ✓ Mailing Address 7227 Lee Deforest Drive ✓ City State Zip Code Columbia MD 21046 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Occupation (for Individual) Maxim Healthcare Services Inc Occupation (for Individual)	axim Healthcare Services Inc								
C. Lanier, Laura, K, , Date of Receipt Mailing Address 7227 Lee Deforest Drive Image: Columbia City State Zip Code Columbia MD 21046 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Occupation (for Individual) CNO & SVP Clini OP and Quality Memo Item	Primary General								
City State Zip Code Columbia MD 21046 FEC ID number of contributing C federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc CNO & SVP Clini OP and Quality		-							
Columbia MD 21046 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Name of Employer (for Individual) Maxim Healthcare Services Inc Occupation (for Individual) CNO & SVP Clini OP and Quality Memo Item		05 02 202	the second s						
federal political committee. Image: Committee comm									
Maxim Healthcare Services Inc CNO & SVP Clini OP and Quality	3		30.00						
Receipt For: Aggregate Year-to-Date ▼	axim Healthcare Services Inc								
Primary General Other (specify) 540.00	Primary General	540.00							
SUBTOTAL of Receipts This Page (optional)			78.84						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERV	ICES INC POI	LITICAL ACTION COMM	IITTEE (MAXIM HEALTHCARE PAC)
Full Name of Individual (Last, First, Mide A. DePriest, Jarrod, , , Mailing Address 7227 Lee Deforest Drive City	,	Zip Code	Date of Receipt
Columbia	MD	21046	Transaction ID : AC6D10CC6604541BB81I Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Chie	upation (for Individual) of Executive Officer Year-to-Date ▼ 540.00	Memo Item
B. Full Name of Individual (Last, First, Mide Raney, Michael, , , Mailing Address 7227 Lee Deforest Drive	•	rganization Name	Date of Receipt
City Columbia	State MD	Zip Code 21046	05 02 2025 Transaction ID : A0EF2F14B9C4F499BB88 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For:	Reg	upation (for Individual) ional VP Year-to-Date ▼ 504.00	28.00
C. Brickhouse, Duane, , , Mailing Address 7227 Lee Deforest Drive	•	rganization Name	Date of Receipt
City Columbia	State MD	Zip Code 21046	05 02 2025 Transaction ID : A93F8D53D783C412C876 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For:	VP -	upation (for Individual) Corporate Services	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu	,		

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PAGE 9 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
ightarrow MAXIM HEALTHCARE SERVI	CES INC PO	LITICAL ACTION COM	/ITTEE (MAXIM HEALTHCARE PAC)
Full Name of Individual (Last, First, Middle A. Phipps, Laurie, M, ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive			05 / D D / Y Y Y Y Y 02 2025
City	State MD	Zip Code	Transaction ID : A6A1255645DEC4AD6A81
Columbia	MD	21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Maxim Healthcare Services Inc	Are	a VP Clinical Operations	
Receipt For:	Aggregate	Year-to-Date V	
Primary General			1
Other (specify) V		270.00	
Full Name of Individual (Last, First, Middle B. Sticklin, Matthew, A, ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive			05 02 2025
City	State	Zip Code	Transaction ID : ACC789DA21FF84F8BAF3
Columbia	MD	21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) ef Financial Officer	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		720.00]
Full Name of Individual (Last, First, Middle C. Sticklin, Matthew, A, ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive			05 / 09 / Y Y Y Y 05 / 09 2025
City	State	Zip Code	Transaction ID : A11D7D52D20A74B8E8DA
Columbia	MD	21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Maxim Healthcare Services Inc	Chie	ef Financial Officer	_
Receipt For:	Aggregate	Year-to-Date V	
Primary General			1
Other (specify)		760.00	
SUBTOTAL of Receipts This Page (optiona)		95.00
TOTAL This Period (last page this line num	ber only)		

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)			(check only one)							
	IZED RECEIPTS			or each category of the Detailed Summary Page		X 11a		11b 14	11c		2	17	
	ormation copied from such Reports and Sta					for the		pose o	f solicitin	g cont	ributio	ons	
	IE OF COMMITTEE (In Full)												
	XIM HEALTHCARE SERVICES	INC PO	LITI	ICAL ACTION COMM	ITT	EE (N	ΛA	KIM H	IEALTH	HCAF	RE F	PAC)	
	Name of Individual (Last, First, Middle Initianey, Michael, , ,	ization Name		Date c	of Re	eceipt							
Mail	Mailing Address 7227 Lee Deforest Drive				05 09 2025								
City Col	umbia	State MD		Zip Code 21046	_				: A999A7 Receipt tl			A16A84	
	ID number of contributing ral political committee.	С				<u> </u>		-ge - 1			28.00)	
Max	ne of Employer (for Individual) im Healthcare Services Inc		upati giona	on (for Individual) I VP		N	lemo	o Item					
	eipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 532.00									
B. Bri	Name of Individual (Last, First, Middle Initia ckhouse, Duane, , ,	al) or Full O	rgan	ization Name		Date c		· .					
City	ing Address 7227 Lee Deforest Drive	State		Zip Code		05		09)	202			
	umbia	MD		21046					: AEBBF Receipt tl			<u>3B2801</u>	
	ID number of contributing ral political committee.	С									15.00)	
Max	ne of Employer (for Individual) im Healthcare Services Inc		•	ion (for Individual) rporate Services		N	lemo	o Item					
	eipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 285.00									
	Name of Individual (Last, First, Middle Initiaddle, Laura, J, ,	al) or Full O	rgan	ization Name		Date c	of Re	eceipt					
	ing Address 7227 Lee Deforest Drive	-				05		09)	202	:5		
City Col	umbia	State MD		Zip Code 21046					: A33AAS Receipt ti			DBEA2I	
	ID number of contributing ral political committee.	s and the second s						,			25.00)	
Max	e of Employer (for Individual) im Healthcare Services Inc		•	on (for Individual) Director Consumer Directed F	Pr	N	/lem	o Item					
	eipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 475.00									
SUBT	OTAL of Receipts This Page (optional)			•••••				, ,	, ,		68.00		
ΤΟΤΑ	L This Period (last page this line number o	nly)		••••••				-		_	-10-1		

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PAGE 11 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
/ MAXIM HEALTHCARE SERVIC	ES INC PO	LITICAL ACTION COMM	/ITTEE (MAXIM HEALTHCARE PAC)			
Full Name of Individual (Last, First, Middle A. Phipps, Laurie, M, ,	Initial) or Full C	Organization Name	Date of Receipt			
Mailing Address 7227 Lee Deforest Drive			05 09 2025			
City Columbia	State MD	Zip Code 21046	Transaction ID : AEFA272F120A34809880			
			Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		15.00			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
Maxim Healthcare Services Inc	Are	a VP Clinical Operations				
Receipt For:	Aggregate	Year-to-Date 🔻				
Primary General			1			
Other (specify)		285.00	1			
Full Name of Individual (Last, First, Middle B. Lanier, Laura, K, ,	Initial) or Full C	Organization Name	Date of Receipt			
Mailing Address 7227 Lee Deforest Drive						
City	State	Zip Code	Transaction ID : A18D3009396C841DFA59			
Columbia	MD	21046	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		30.00			
Name of Employer (for Individual) Maxim Healthcare Services Inc		cupation (for Individual) O & SVP Clini OP and Quality	Memo Item			
Receipt For:	Aggregate	Year-to-Date V				
Primary General Other (specify) ▼		, 570.00]			
Full Name of Individual (Last, First, Middle C. DePriest, Jarrod, , ,	Initial) or Full C	Organization Name	Date of Receipt			
Mailing Address 7227 Lee Deforest Drive			M M / D D / Y Y Y Y Y 05 09 2025			
City	State	Zip Code	Transaction ID : AE08A9D425D2345148C0			
Columbia	MD	21046	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		30.00			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
Maxim Healthcare Services Inc		ef Executive Officer				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General		570.00	1			
Other (specify)			1			
SUBTOTAL of Receipts This Page (optional).			75.00			
TOTAL This Period (last page this line number	er only)					

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PAGE 12 OF

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POI	LITICAL ACTION COM	IITTEE (MAXIM HEALTHCARE PAC)
A.	Full Name of Individual (Last, First, Middle Initial Middleton, Deeley, C, , Mailing Address 7227 Lee Deforest Drive City Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	State MD C Occu SVP	rganization Name Zip Code 21046 upation (for Individual) - Chief Compliance Officer Year-to-Date ▼ 547.96	Date of Receipt
В.	Full Name of Individual (Last, First, Middle Initia Diaz, Matthew, Michael, , Mailing Address 7227 Lee Deforest Drive	al) or Full O	rganization Name	Date of Receipt
	City Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For:	Reg	Zip Code 21046	Transaction ID : A59C81EBB388841F7BC4 Amount of Each Receipt this Period 30.00 Memo Item
	Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initia		Year-to-Date ▼ 570.00 rganization Name]
C.	Sipes, Christopher, , , Mailing Address 7227 Lee Deforest Drive			Date of Receipt
	City Columbia FEC ID number of contributing federal political committee.	State MD	Zip Code 21046	Transaction ID : A010F5E34BD6241358BC Amount of Each Receipt this Period 30.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	VP -	upation (for Individual) Finance Year-to-Date ▼ 510.00	Memo Item
⊢	UBTOTAL of Receipts This Page (optional)		•	88.84

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		X 11a		11b	11c	12		
<u> </u>					13		14	15	16	17	
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	statements mane and a	ay not be sold or used by any p address of any political committee	erson e to s	for the olicit cor	purp ntrib	pose of utions f	soliciting rom such	contribu commit	itions tee.	
\backslash	NAME OF COMMITTEE (In Full)										
	MAXIM HEALTHCARE SERVICE	S INC PO	LITICAL ACTION COMM	IITT	EE (M	IAX	(IM HE	EALTH	CARE	PAC)	
Α.		Name of Individual (Last, First, Middle Initial) or Full Organization Name ine, Marsha, C, ,									
	Mailing Address 7227 Lee Deforest Drive				05	/	09	/ Y	y y 2025	Ŷ	
	City	State	Zip Code		Trans	acti	ion ID :	A6BD363	36839A5	45448F8	
	Columbia	MD	21046		Amount	t of	Each R	eceipt thi	is Perioc	I	
	FEC ID number of contributing federal political committee.	С							20	.00	
	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) a VP Clinical Operations		M	emo	Item				
	Receipt For:		Year-to-Date ▼								
	Primary General	Aggregate		11							
	Other (specify) ▼	L	380.00								
в.	Full Name of Individual (Last, First, Middle In Plaine, Marsha, C, ,	itial) or Full C	Drganization Name		Date of	f Re	ceipt				
	Mailing Address 7227 Lee Deforest Drive				05	/	D D D 16	/ Y	y y 2025	Y	
	City	State	Zip Code		Transaction ID : A2B20AA6070BE4A7088F						
	Columbia	MD	21046	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C			20.00						
	Name of Employer (for Individual)	Occ	cupation (for Individual)		M	emo	Item				
	Maxim Healthcare Services Inc	Are	ea VP Clinical Operations		_						
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General			11.							
	Other (specify) v		400.00								
с.	Full Name of Individual (Last, First, Middle In Sipes, Christopher, , ,	itial) or Full C	Drganization Name		Date of	f Re	ceipt				
	Mailing Address 7227 Lee Deforest Drive				05	/	D 16	/ Y	2025	Ŷ	
	City	State	Zip Code		Trans	sact	ion ID :	AA68380	B07EF9	436A8C1	
	Columbia	MD	21046		Amount	t of	Each R	eceipt thi	is Perioc	1	
	FEC ID number of contributing federal political committee.	С					,	9	30	.00	
	Name of Employer (for Individual)	Occ	upation (for Individual)	\neg	М	emc	ltem				
	Maxim Healthcare Services Inc		- Finance								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General	55 55.10									
	Other (specify)	L	540.00								
s	UBTOTAL of Receipts This Page (optional)			•			,		70.	00	

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POL	ITICAL ACTION COMM	IITTEE (MAXIM HEALTHCARE PAC)
Α.	Full Name of Individual (Last, First, Middle Init Diaz, Matthew, Michael, , Mailing Address 7227 Lee Deforest Drive City	tial) or Full Or	rganization Name	Date of Receipt 05 / 16 / 2025 Transaction ID : A8ECD2A02B50241708B4
	Columbia FEC ID number of contributing federal political committee.	C	21046	Amount of Each Receipt this Period 30.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Regi	pation (for Individual) onal VP Year-to-Date ▼ 600.00	Memo Item
в.	Full Name of Individual (Last, First, Middle Init Middleton, Deeley, C, , Mailing Address 7227 Lee Deforest Drive	tial) or Full Or	rganization Name	Date of Receipt
	City Columbia FEC ID number of contributing federal political committee.	State MD	Zip Code 21046	Transaction ID : AA8B6B36850134E4D965 Amount of Each Receipt this Period 28.84
	Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	SVP	upation (for Individual) - Chief Compliance Officer Year-to-Date ▼ 576.80	Memo Item
с.	Full Name of Individual (Last, First, Middle Ini DePriest, Jarrod, , , Mailing Address 7227 Lee Deforest Drive	tial) or Full Or	rganization Name	Date of Receipt
	City Columbia FEC ID number of contributing	State MD	Zip Code 21046	05 16 2025 Transaction ID : A4610A05A85B24450947 Amount of Each Receipt this Period 30.00
	federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	Occu Chie	pation (for Individual) f Executive Officer Year-to-Date ▼ 600.00	Memo Item
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			88.84

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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)						
			for each category of the Detailed Summary Page		(11a 13		11b	11c 15	12	17	
	n copied from such Reports and cial purposes, other than using t				for the		ose of	soliciting	g contrib	outions	
	COMMITTEE (In Full)		······								
	HEALTHCARE SERVIC	ES INC POI	LITICAL ACTION COM	ЛІТТЕ	EE (M	AX	IM HE	EALTH	ICARE	E PAC)	
Full Name	of Individual (Last, First, Middle elli, , ,	Initial) or Full O	organization Name		Date of	Ree	ceipt				
Mailing Add	Iress 7227 Lee Deforest Dr				05	/	D D 16	/ Y	y y 2025	Y	
City Columbia		State MD	Zip Code 21046-3236					A6CCB0 eceipt th		994A92BB1 Id	
	mber of contributing tical committee.	C					<u>, , , , , , , , , , , , , , , , , , , </u>	-	1500).00	
Maxim Heal	mployer (for Individual) Ithcare Services Inc		upation (for Individual) jional VP - Clinical Ops		Me	emo	Item				
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 1500.00	1							
B. Riley, Gr	of Individual (Last, First, Middle egory, Michael, ,	Initial) or Full O	organization Name		Date of	Ree	ceipt				
	Iress 7227 Lee Deforest Dr				05	/	D D D 16	/ Y	2025	Y	
City Columbia		State MD	Zip Code 21046-3236					A2E0CB eceipt th		44ADDAE6	
	Dilitical committee.					500.00					
Maxim Hea	mployer (for Individual) Ithcare Services Inc		upation (for Individual) a VP Clinical Operations - Beh		Me	emo	Item				
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 500.00	1							
Full Name C. Lanier, I	of Individual (Last, First, Middle _aura, K, ,	Initial) or Full O	organization Name		Date of	Ree	ceipt				
Mailing Add	Iress 7227 Lee Deforest Drive				^M 05	/	D D D 16		2025		
City Columbia		State MD	Zip Code 21046					A188D6 eceipt th		A4813BEC	
	mber of contributing tical committee.	С			<u> </u>		, .	9	30	0.00	
Maxim Hea	mployer (for Individual) Ithcare Services Inc	Occi		M	emo	ltem					
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 600.00]							
SUBTOTAL of	of Receipts This Page (optional).		······	<u> </u>			,	,	2030).00	
TOTAL This	Period (last page this line numbe	er only)		•			,	-		-	

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POI	LITICAL ACTION COMMI	TTEE (MAXIM HEALTHCARE PAC)
Full Name of Individual (Last, First, Middle Initial) or A. Riddle, Laura, J, , Mailing Address 7227 Lee Deforest Drive			rganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : ADA52BA7086984CF89B4
	Columbia	MD	21046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Maxim Healthcare Services Inc	Nati	onal Director Consumer Directed P	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
в.	Full Name of Individual (Last, First, Middle Initia Brickhouse, Duane, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Drive			05 16 2025
	City	State	Zip Code	Transaction ID : A13ADA88A5F1E4560A91
	Columbia	MD	21046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) - Corporate Services	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
с.	Full Name of Individual (Last, First, Middle Initia Ayran, Jonathan, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Dr			05 / 16 / Y Y Y Y 2025
	City Columbia	State MD	Zip Code 21046-3236	Transaction ID : A9F657A7423BA43A996D
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) ctor-Business Operations	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			290.00
	OTAL This Period (last page this line number or			

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PAGE 17 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICI	ES INC PO	LITICAL ACTION COMM	/ITTEE (MAXIM HEALTHCARE PAC)
Full Name of Individual (Last, First, Middle I Raney, Michael, , , Mailing Address 7227 Lee Deforest Drive City Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For:	State MD C	Zip Code 21046	Date of Receipt 05 / 16 / 2025 Transaction ID : A68DDAFAE6D18448C84 Amount of Each Receipt this Period 28.00 Memo Item
Primary General Other (specify) ▼		9 Year-to-Date ▼ 560.00]
Full Name of Individual (Last, First, Middle I Sticklin, Matthew, A, , Mailing Address 7227 Lee Deforest Drive City Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State MD C	Drganization Name Zip Code 21046 cupation (for Individual) ief Financial Officer e Year-to-Date ▼ 800.00	Date of Receipt
Full Name of Individual (Last, First, Middle I Phipps, Laurie, M, , Mailing Address 7227 Lee Deforest Drive	nitial) or Full C	Drganization Name	Date of Receipt
City Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	Are	Zip Code 21046	05 16 2025 Transaction ID : AA7925951EBE4433C850 Amount of Each Receipt this Period 15.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			83.00
TOTAL This Period (last page this line number			

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			Use separate schedule(s)	(check only one)						
111	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions						
\setminus	NAME OF COMMITTEE (In Full)									
	MAXIM HEALTHCARE SERVICES	S INC PO	LITICAL ACTION COMM	ITTEE (MAXIM HEALTHCARE PAC)						
Α.	Full Name of Individual (Last, First, Middle Init Phipps, Laurie, M, ,	ial) or Full C	organization Name	Date of Receipt						
	Mailing Address 7227 Lee Deforest Drive			05 23 2025						
	City Columbia	State MD	Zip Code 21046	Transaction ID : A4628C7A5F4F94BC197A Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		15.00						
	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) a VP Clinical Operations	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00							
В.	Full Name of Individual (Last, First, Middle Init Sticklin, Matthew, A, ,	ial) or Full C	rganization Name	Date of Receipt						
	Mailing Address 7227 Lee Deforest Drive	01-1-	7							
	City Columbia	State MD	Zip Code 21046	Transaction ID : A1EC6509249A14E309EE Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		40.00						
	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) ef Financial Officer	Memo Item						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼	L	840.00							
с.	Full Name of Individual (Last, First, Middle Init Alvarez, Heather, Lea, ,	ial) or Full C	organization Name	Date of Receipt						
	Mailing Address 7227 Lee Deforest Drive			05 23 2025						
	City Columbia	State MD	Zip Code 21046	Transaction ID : A9A881A13A9824FE3894 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		10.00						
	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) a VP Clinical Operations	Memo Item						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		210.00							
s	UBTOTAL of Receipts This Page (optional)		•	65.00						

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

FEC Schedule A (Form 3X) Rev. 06/2016

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
\setminus	NAME OF COMMITTEE (In Full)			
	MAXIM HEALTHCARE SERVICES	INC POL	ITICAL ACTION COMM	/ITTEE (MAXIM HEALTHCARE PAC)
Α.	Full Name of Individual (Last, First, Middle Initia Bodmer, Christopher, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Drive			05 / D D / Y Y Y Y 23 2025
	City	State	Zip Code	Transaction ID : A9C0056FFBFF7489393B
	Columbia	MD	21046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual)	Оссі	pation (for Individual)	Memo Item
	Maxim Healthcare Services Inc	Area	Vice President	-
	Receipt For:	Angregate	Year-to-Date 🔻	
	Primary General	riggrogato		
	Other (specify) V	L	210.00	
в.	Full Name of Individual (Last, First, Middle Initia Well, Dana, J, ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Drive			M M / D D / Y Y Y Y Y 05 23 2025
	City	State	Zip Code	Transaction ID : A7A2F37CF61714803914
	Columbia	MD	21046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Maxim Healthcare Services Inc		VP Clinical Operations	-
	Receipt For:	Angregate	Year-to-Date V	
	Primary General	riggrogato		1
	Other (specify) V	L	210.00]
с.	Full Name of Individual (Last, First, Middle Initia Rider, Steven, M, ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Drive			05 23 2025
	City	State	Zip Code	Transaction ID : A98D1187C004F4152B59
	Columbia	MD	21046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual)		pation (for Individual)	Memo Item
	Maxim Healthcare Services Inc	Area	Vice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		210.00]
s	UBTOTAL of Receipts This Page (optional)			30.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17					
			person for the purpose of soliciting contributions te to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	/ICES INC PO	LITICAL ACTION COM	MITTEE (MAXIM HEALTHCARE PAC)					
Full Name of Individual (Last, First, Mic A. Colvard, Tracy, Cameron, ,	ldle Initial) or Full C		Date of Receipt					
Mailing Address 7227 Lee Deforest Driv			05 / 23 / Y Y Y Y 2025					
City Columbia	State MD	Zip Code 21046	Transaction ID : AE7BE5EBC86414B2E910 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		10.00					
Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) ector - State Affairs	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]					
Full Name of Individual (Last, First, Mic B. Martincek, Kevin, D, ,	Idle Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 7227 Lee Deforest Driv	e		05 23 2025					
City Columbia	State MD	Zip Code 21046	Transaction ID : A5F20F7072E40498B9D3 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		10.00					
Name of Employer (for Individual) Maxim Healthcare Services Inc	Are	cupation (for Individual) a Vice President	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]					
Full Name of Individual (Last, First, Mic Taggart, Robert, D , ,	Idle Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 7227 Lee Deforest Driv	/e		05 23 Y Y Y Y Y 2025					
City Columbia	State MD	Zip Code 21046	Transaction ID : A893B5077BA864EF895A Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For:	Area	upation (for Individual) a Vice President	Memo Item					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]					
SUBTOTAL of Receipts This Page (option	' nal)		30.00					
TOTAL This Period (last page this line nu	umber only)							

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	for commercial purposes, other than using the nan													
\backslash	NAME OF COMMITTEE (In Full)													
\backslash	MAXIM HEALTHCARE SERVICES IN	NC PO	LITICA	AL ACTION COMM	/ITTI	EE (N	1A)	XII	И НЕ	ALTH	ICARE	EPAC)		
A.	Full Name of Individual (Last, First, Middle Initial) Josephson, Adam, , ,	or Full C	Drganizat	on Name		Date o	f Dr	000	aint					
А.	Mailing Address 7227 Lee Deforest Drive				_		_	,	p p		YY	V		
						05			23	, ,	2025			
		State MD		Code 1046							-	14E49B5B		
			2	1046		Amoun	it of	Ea	ach Re	eceipt th	nis Perio	d		
	FEC ID number of contributing federal political committee.					Ŀ		,		-	10	0.00		
	Name of Employer (for Individual)	Occupation (for Individual)					lemo	o li	tem					
	Maxim Healthcare Services Inc	Area Vice President												
	Receipt For: Ag	ggregate	Year-to-	Date V										
	Other (specify) ▼		-	210.00										
в.	Full Name of Individual (Last, First, Middle Initial)	or Full C	Organizat	on Name		Date o	of Re	ece	eipt					
	Mailing Address 7227 Lee Deforest Drive					05	/	′	D D D 23	/ Y	2025	Y		
	,	State Zip Code MD 21046						Transaction ID : AE8E06D2CCA554B928A4						
	Columbia	MD		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C						10.00						
	Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) Regional VP				N	lemo	o li	tem					
	Receipt For:	ggregate	Year-to-	Date 🔻		-								
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<u> </u>	Full Name of Individual (Last, First, Middle Initial)	or Full C	Organizat	on Name		Date o	of Re	ece	eipt					
	Mailing Address 7227 Lee Deforest Drive					05	/	′	D D D 23	/ Y	2025	Y		
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	Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) VP - Corporate Services						o l	tem					
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FEC Schedule A (Form 3X) Rev. 06/2016

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
	CES INC PO	LITICAL ACTION COM	MITTEE (MAXIM HEALTHCARE PAC)				
Full Name of Individual (Last, First, Middle A. Raney, Michael, , ,	e Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 7227 Lee Deforest Drive			05 / D D / Y Y Y Y 23 2025				
City	State MD	Zip Code	Transaction ID : AE77DE618CAEE4553AA				
Columbia		21046	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		28.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Maxim Healthcare Services Inc	Reg	jional VP					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General							
Other (specify) V		588.00					
Full Name of Individual (Last, First, Middle B. Charles, Veronica, lee, ,	e Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 7227 Lee Deforest Drive			05 23 2025				
City	State	Zip Code	Transaction ID : A3F4CD1CAB5EA4E449C				
Columbia	MD	21046	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		10.00				
Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) nior Director-Fed State Affairs	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		210.00]				
Full Name of Individual (Last, First, Middle C. Olatilo, Adetoyi, A, ,	e Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 7227 Lee Deforest Drive			05 / 23 / Y Y Y Y 2025				
City	State	Zip Code	Transaction ID : A121901D8699D4B9FB90				
Columbia	MD	21046	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		10.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Maxim Healthcare Services Inc		a VP Clinical Operations	_				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General			1				
Other (specify)		210.00					
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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	CES INC POLI	TICAL ACTION COMM	IITTEE (MAXIM HEALTHCARE PAC)
Full Name of Individual (Last, First, Middle A. Massello, Edmund, G, , Mailing Address 7227 Lee Deforest Drive City Columbia	e Initial) or Full Orga State MD	Zip Code 21046	Date of Receipt 05 23 2025 Transaction ID : AC887BFDB97DE402C88 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼		ation (for Individual) fice President ar-to-Date ▼ 210.00	Memo Item
B. Full Name of Individual (Last, First, Middle Martin-Greene, Drake, R, , Mailing Address 7227 Lee Deforest Drive	State	Zip Code	Date of Receipt 05 / 23 / 2025 Transaction ID : A626A7956CC2B484B8E5
Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For:	Occup	ation (for Individual) nal Director - Business Dev ar-to-Date ▼	Amount of Each Receipt this Period
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle	Initial) or Full Org	210.00]
C. Rogers, Kristina, R, , Mailing Address 7227 Lee Deforest Drive			Date of Receipt
City Columbia	State MD	Zip Code 21046	Transaction ID : A276C2BBEA4714586B9 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)		ation (for Individual) P Clinical Operations ar-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	,		

FEC Schedule A (Form 3X) Rev. 06/2016

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PAGE 24 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
	ICES INC PO	LITICAL ACTION COM	MITTEE (MAXIM HEALTHCARE PAC)
Full Name of Individual (Last, First, Mide A. Clifton, Alison, Margaret, ,	dle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive)		05 / D D / Y Y Y Y 23 2025
City Columbia	State MD	Zip Code 21046	Transaction ID : A872BF7A123AB414E9DF Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) ector - Talent Acquisition	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Mide	dle Initial) or Full C	organization Name	
B. Nichols, James, , , Mailing Address 7227 Lee Deforest Drive	3		Date of Receipt
City Columbia	State MD	Zip Code 21046	Transaction ID : A70421DFAA2A24231AAD Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) a Vice President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Mide C. Cisneros Jr, Anthony, Joseph, ,	dle Initial) or Full C	Prganization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive	9		05 / 23 / Y Y Y Y 05 23 2025
City Columbia	State MD	Zip Code 21046	Transaction ID : A4881FEF961CF49EBAF1 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) a Vice President	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (option	al)		▶ 30.00
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ITEMIZED RECEIPTS		Use separate schedule(s)	(C	(check only one)								
11				for each category of the Detailed Summary Page		X 11a		11b 14	11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the					for the		rpose c	of solicitir		ntributi	ons
	NAME OF COMMITTEE (In Full)											
\rangle	MAXIM HEALTHCARE SERVICES	INC PO	LIT	ICAL ACTION COMM	ΙΙΤΤ	EE (N	1A)	KIM F	IEALT	HCA	RE I	PAC)
Α.	Full Name of Individual (Last, First, Middle Initia Deeb, Brandi, L, ,	al) or Full C	Drga	nization Name		Date o	of Re	eceipt				
	Mailing Address 7227 Lee Deforest Drive					05	/	23)25	Y
	City Columbia	State MD		Zip Code 21046					: A3490/ Receipt			F0D97E
	FEC ID number of contributing federal political committee.	С				Ē					10.0	0
	Name of Employer (for Individual) Maxim Healthcare Services Inc		•	tion (for Individual) ir Financial Operations		N	lem	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00								
B.	Full Name of Individual (Last, First, Middle Initia Vander Veer, Sean, , ,	al) or Full C	Drga	nization Name		Date o		· .				
	Mailing Address 7227 Lee Deforest Drive	Chata		Zin Oode		05	/	23		20	25	Y
	City Columbia	State MD		Zip Code 21046					: AF908/ Receipt			2F68FE
	FEC ID number of contributing federal political committee.	С									10.0	0
	Name of Employer (for Individual) Maxim Healthcare Services Inc		•	tion (for Individual) r-Business Operations		N	lem	o Item				
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C.	Full Name of Individual (Last, First, Middle Initia Lanier, Laura, K, ,	al) or Full C	Drga	nization Name		Date o	of Re	eceipt				
	Mailing Address 7227 Lee Deforest Drive					05	1 /	2:			25	Y
	City Columbia	State MD		Zip Code 21046					: A8355			479FB76
	FEC ID number of contributing federal political committee.	С				<u> </u>		, .	,	_	30.0	0
	Name of Employer (for Individual) Maxim Healthcare Services Inc			tion (for Individual) SVP Clini OP and Quality		N	1em	o Item				
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ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)							
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				erson for the purpose of soliciting contributions to solicit contributions from such committee.					
<u> </u>	NAME OF COMMITTEE (In Full)								
\rangle		S INC PO	LITICAL ACTION COMM	IITTEE (MAXIM HEALTHCARE PAC)					
A.	Full Name of Individual (Last, First, Middle Ir Andrews, Haven, , ,	nitial) or Full C	organization Name	Date of Receipt					
	Mailing Address 7227 Lee Deforest Drive			05 23 2025					
	City Columbia	State MD	Zip Code 21046	Transaction ID : ADD29CBE47B904315A9 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		10.00					
	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) a Vice President	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00						
в.	Full Name of Individual (Last, First, Middle Ir Gering, Joseph, , , Mailing Address 7227 Lee Deforest Drive	hitial) or Full C	organization Name	Date of Receipt					
	Maining Address 7227 Lee Deforest Drive			05 23 2025					
	City	State	Zip Code	Transaction ID : A74B84D86DEFB4E9193					
	Columbia	MD	21046	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		10.00					
	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) a Vice President	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼ 210.00	1					
	Other (specify) v		, , , , , , , , , , , , , , , , , , , ,						
c.	Full Name of Individual (Last, First, Middle Ir Simmonds, Kristen, N, ,	nitial) or Full C	rganization Name	Date of Receipt					
	Mailing Address 7227 Lee Deforest Drive			05 / D / Y Y Y Y 23 2025					
	City Columbia	State MD	Zip Code 21046	Transaction ID : A04CC3B94C579465BB0 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		10.00					
	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) a Field Manager	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	1					
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	NAME OF COMMITTEE (In Full)	name and a			10 3				10111 300					
	MAXIM HEALTHCARE SERVICES	S INC POI	LITI	CAL ACTION COMM	ITTI	EE (N	1AX	KIM H	EALTH	ICARE	E PAC)			
A.	Full Name of Individual (Last, First, Middle Init DePriest, Jarrod, , ,	ial) or Full O	rgani	zation Name		Date o	f Re	eceipt						
	Mailing Address 7227 Lee Deforest Drive					05	/	23		y y 2025	Ý			
	City Columbia	State MD		Zip Code 21046					A8F6AE Receipt th		174608ABI d			
	FEC ID number of contributing federal political committee.	С				<u> </u>				30	0.00			
	Name of Employer (for Individual) Maxim Healthcare Services Inc			on (for Individual) ecutive Officer		M	lemo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 630.00										
в.	Full Name of Individual (Last, First, Middle Init Middleton, Deeley, C, ,	ial) or Full O	rgani	zation Name		Date o	of Re	eceipt						
	Mailing Address 7227 Lee Deforest Drive					05	/	23		2025	Y			
	City Columbia	State MD	-	Zip Code 21046					A475F30 Receipt th		34F3F9CB d			
	FEC ID number of contributing federal political committee.	С				<u> </u>				28	3.84			
	Name of Employer (for Individual) Maxim Healthcare Services Inc		•	on (for Individual) hief Compliance Officer		M	lemo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 605.64										
<u> </u>	Full Name of Individual (Last, First, Middle Init Plaine, Marsha, C, ,	ial) or Full O	rgani	zation Name		Date o	of Re	eceipt						
	Mailing Address 7227 Lee Deforest Drive					05	/	23		2025	Y			
	City Columbia	State MD		Zip Code 21046					: A7C498 Receipt th		84290A13 d			
	FEC ID number of contributing federal political committee.	С				<u> </u>		<u>,</u>	. ,	20	0.00			
	Name of Employer (for Individual) Maxim Healthcare Services Inc		•	on (for Individual) Clinical Operations		N	lemo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 420.00										
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	NAME OF COMMITTEE (In Full)											
	MAXIM HEALTHCARE SERVICES	S INC POI	LITI	CAL ACTION COMM	IITT	EE (N	1A>	KIM H	EALTI	HCAF	REF	PAC)
Α.	Full Name of Individual (Last, First, Middle Initi Hart, Brenda, M, ,	ial) or Full O	rgan	zation Name		Date o	of Re	eceipt				
	Mailing Address 7227 Lee Deforest Drive					05	/	23		202	25	ſ
	City Columbia	State MD		Zip Code 21046					A20F24			A47B61
	FEC ID number of contributing federal political committee.	С				<u> </u>		-			10.00)
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	Primary General											
	Other (specify) V		7	210.00								
в.	Full Name of Individual (Last, First, Middle Initi Burke, Steven, L, ,	ial) or Full O	rgan	zation Name		Date o	of Re	eceipt				
	Mailing Address 7227 Lee Deforest Drive					05	1	23		202	5	
	City	State		Zip Code		Trans	sact	ion ID :	A758E9	E94E8	3964E	269FF
	Columbia	MD		21046		Amoun	t of	Each F	Receipt t	his Pe	riod	
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	Name of Employer (for Individual) Maxim Healthcare Services Inc		•	on (for Individual) e President		Μ	lemo	o Item				
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	Primary General Other (specify) ▼		,	210.00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Simcox, Nichole, A, ,	ial) or Full O	rgan	zation Name		Date o	of Re	eceipt				
	Mailing Address 7227 Lee Deforest Drive					05	/	23		202		
	City	State		Zip Code		Trans	sact	ion ID	: A3FB9	41E66	A4549	9C2A1E
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	or commercial purposes, other than using the	name and a	addr	ess of any political committee	e to so	olici	t cor	ntrib	outic	ons fr	rom su	ch co	ommitt	ee.		
$\langle \rangle$	AME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC PO	LIT	TICAL ACTION COMM	1ITTE	ΞE	(M	AX	٨I	/ HE	ALT	HC/	ARE	PAC)		
	ull Name of Individual (Last, First, Middle Initia Stewart, Philip, S, ,	al) or Full C	Drga	nization Name		Date of Receipt										
M	lailing Address 7227 Lee Deforest Drive						05 [™]	1		23	/		2025	Y		
	ity Columbia	State MD		Zip Code 21046							AD813			4D8B83/		
	EC ID number of contributing deral political committee.	С				[-		і ус.	_	10.			
N	ame of Employer (for Individual) laxim Healthcare Services Inc		•	tion (for Individual) ce President			Me	əmc	o Ite	em						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 210.00]											
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	lame of Employer (for Individual) laxim Healthcare Services Inc		•	tion (for Individual) ield Manager		Ļ	Me	emc	o Ite	em						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 210.00]											
	ull Name of Individual (Last, First, Middle Initia Stickles, Jeremy, D, ,	al) or Full C	Drga	nization Name		Da	te of	Re	ecei	ipt						
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	ity Columbia	State MD		Zip Code 21046					-		A1965: eceipt f		-	19A6BE4		
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				person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	ES INC POL	LITICAL ACTION COM	/ITTEE (MAXIM HEALTHCARE PAC)
A.		nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Drive			05 23 2025
	City Columbia	State MD	Zip Code 21046	Transaction ID : A9CE39D65731342789F3 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc		pation (for Individual) VP Clinical Operations	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
в.	Full Name of Individual (Last, First, Middle In Diaz, Matthew, Michael, ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Drive			05 23 2025
	City Columbia	State MD	Zip Code 21046	Transaction ID : A0E2F98B8D02D4A19BAE Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) ional VP	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00]
<u>с</u> .	Full Name of Individual (Last, First, Middle In Kowalczyk, David, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Drive			05 / 23 / Y Y Y Y Y 2025
	City Columbia	State MD	Zip Code 21046	Transaction ID : A7CCD4D989AB945E5A85 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Maxim Healthcare Services Inc		pation (for Individual) Dir Financial Operations	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]
F	SUBTOTAL of Receipts This Page (optional)			50.00
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			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
	ES INC PO	LITICAL ACTION COM	MITTEE (MAXIM HEALTHCARE PAC)
Full Name of Individual (Last, First, Middle A. Menio, Jessica, Marie, ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive			05 23 Y Y Y Y 2025
City Columbia	State MD	Zip Code 21046	Transaction ID : AFA743E8E07484DC095F Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) jional Director - Field Support	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
Full Name of Individual (Last, First, Middle B. Ceron, Kelly, N, ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive			05 23 2025
City Columbia	State MD	Zip Code 21046	Transaction ID : A93F11386958C49AF85D Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) gional VP - Clinical Ops	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
Full Name of Individual (Last, First, Middle Crawn, Susan, K, ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive			05 / 23 / Y Y Y Y
City Columbia	State MD	Zip Code 21046	Transaction ID : AF7ACABBF27414ACDA Amount of Each Receipt this Period
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Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) ional VP - Clinical Ops	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]
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ITEMIZED RECEIPTS			Use separate sch	(check only one)							
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\setminus	NAME OF COMMITTEE (In Full)										
	MAXIM HEALTHCARE SERVICES	S INC POI	LITICAL ACTIO	N COMMI	TTEE (M	IAXIM H	EALTH	ICARE	PAC)		
Α.	Full Name of Individual (Last, First, Middle Init Campion, Michael, James, ,	ial) or Full O	rganization Name		Date of	f Receipt					
	Mailing Address 7227 Lee Deforest Drive				05	/ D		y y 2025	Ŷ		
	City Columbia	State MD	Zip Code 21046			action ID t of Each I			4933A9F		
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	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individua c Dir Learning & Org	,	М	emo Item					
	Receipt For:	Aggregate	Year-to-Date 🔻		-						
	Primary General										
	Other (specify) ▼			210.00							
	Full Name of Individual (Last, First, Middle Init Riddle, Laura, J,,	ial) or Full O	rganization Name		Date o	f Receipt					
	Mailing Address 7227 Lee Deforest Drive				05	/ D 23		y y 2025	Y		
	City	State	Zip Code		Trans	action ID :	AFE076	2DD2F1B	49C686B		
	Columbia	MD	21046			t of Each I					
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	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individua onal Director Consur	,	— Пм	emo Item					
	Receipt For:	Aggregate	Year-to-Date ▼		_						
	Primary General Other (specify) ▼		4 + + 4 +	525.00							
	Full Name of Individual (Last, First, Middle Init Perez-Lopez, Catherine, Elizabeth, ,	ial) or Full O	rganization Name		Date o	f Receipt					
	Mailing Address 7227 Lee Deforest Drive				05	/ D		Y Y 2025	Ŷ		
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	Columbia		21046		Amoun	t of Each I	Receipt th	is Period			
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	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individua ctor - State Affairs	ll)	М	emo Item					
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<u> </u>	AME OF COMMITTEE (In Full)												
	MAXIM HEALTHCARE SERVICES	INC PO	LIT	ICAL ACTION COMM	IITT	EE (N	۸A	KIM F	IEALT	HCA	٩RE	PAC)	
	ull Name of Individual (Last, First, Middle Initia Parker, Claire, Foster, ,	l) or Full O	rga	nization Name		Date o	of Re	eceipt					
_	lailing Address 7227 Lee Deforest Drive					^M 05	/	23			025	Y	
	ity Columbia	State MD		Zip Code 21046	_				: ADD28 Receipt			40F83C	
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Ν	ame of Employer (for Individual) Iaxim Healthcare Services Inc		•	tion (for Individual) r Continuous Improvement		N	1em	o Item					
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B	ull Name of Individual (Last, First, Middle Initia Stover, Regina, , ,	l) or Full O)rga	nization Name		Date o		· · ·					
_	lailing Address 7227 Lee Deforest Drive	State		Zin Code		05		23)25	Ŷ	
	ity Columbia	State MD		Zip Code 21046					: A496E Receipt			684BA2	
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Ν	lame of Employer (for Individual) Iaxim Healthcare Services Inc		•	tion (for Individual) ir Clinical Support Services		N	lemo	o Item					
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00									
C	ull Name of Individual (Last, First, Middle Initia Duncan, Landon, M, ,	l) or Full O	rga	nization Name		Date o	of Re	eceipt					
_	lailing Address 7227 Lee Deforest Drive					^M 05	/	23)25 [°]	Y	
	ity Columbia	State MD		Zip Code 21046					: A7435 Receipt			92DB98	
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Ν	ame of Employer (for Individual) Iaxim Healthcare Services Inc		•	ion (for Individual) nent Operations Manager		N	/lemo	o Item					
R	Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 210.00									
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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	nd Statements may not be sold or used by any put the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
MAXIM HEALTHCARE SERVIO	CES INC POLITICAL ACTION COMM	IITTEE (MAXIM HEALTHCARE PAC)
Full Name of Individual (Last, First, Middle A. Sipes, Christopher, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive		05 / D D / Y Y Y Y 2025
City	State Zip Code	Transaction ID : AAAF24884CD0C48B6862
Columbia	MD 21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Maxim Healthcare Services Inc	VP - Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	rigiogalo roa lo balo a	1
Other (specify) ▼	570.00	
Full Name of Individual (Last, First, Middle B. Melone, Lisa, M, ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive		05 23 2025
City	State Zip Code	Transaction ID : AFD1CE9569CF245B380C
Columbia	MD 21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Maxim Healthcare Services Inc	Area VP Clinical Operations	-
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		1
Other (specify) ▼	210.00	
Full Name of Individual (Last, First, Middle C. Nikzad, Jessica, Roya, ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive		05 / D D / Y Y Y Y 23 2025
City	State Zip Code	Transaction ID : A1FDE1AD5AC5F4F3EB9
Columbia	MD 21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) Regional Director - Field Support	Memo Item
Receipt For:		
Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional) >	50.00

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any p the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
MAXIM HEALTHCARE SERVIC	CES INC POLITICAL ACTION COMM	IITTEE (MAXIM HEALTHCARE PAC)
Full Name of Individual (Last, First, Middle A. Howard, Lindsey, Wright, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive		05 / D D / Y Y Y Y 23 2025
City	State Zip Code	Transaction ID : A56CB89BDF52947A7BBI
Columbia	MD 21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Maxim Healthcare Services Inc	Director - State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	210.00	
Full Name of Individual (Last, First, Middle B. Lidgey, Jesse, S, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive		05 23 2025
City	State Zip Code	Transaction ID : A6F9415E27A05401BBD7
Columbia	MD 21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Maxim Healthcare Services Inc	Director-Cont Improvement	-
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	210.00	
Full Name of Individual (Last, First, Middle C. Lidgey, Jesse, S, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7227 Lee Deforest Drive		M M / D D / Y Y Y Y 05 30 2025
City	State Zip Code	Transaction ID : A005DC6DD9F6A4A14876
Columbia	MD 21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
	Occuration (for Individual)	Memo Item
Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) Director-Cont Improvement	
Receipt For:		
Primary General Other (specify)	Aggregate Year-to-Date ▼ 220.00	1
SUBTOTAL of Receipts This Page (optional)		30.00

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PAGE 36 OF

ITEMIZED RECEIPTS	for each c	ategory of the summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full)			
ightarrow MAXIM HEALTHCARE SERVICES	INC POLITICAL A	CTION COMM	ITTEE (MAXIM HEALTHCARE PAC)
Full Name of Individual (Last, First, Middle Initia Peaslee, Robert, B, ,	I) or Full Organization N	ame	Date of Receipt
Mailing Address 7227 Lee Deforest Drive			05 / D D / Y Y Y Y 05 30 2025
City	State Zip Code	9	Transaction ID : AC75D8AE285704D669AD
Columbia	MD 21046		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		9.50
Name of Employer (for Individual)	Occupation (for In	ndividual)	Memo Item
Maxim Healthcare Services Inc	Regional VP		
Receipt For:	Aggregate Year-to-Date ▼		7
Primary General			
Other (specify) v		209.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 3. Howard, Lindsey, Wright , ,			Date of Receipt
Mailing Address 7227 Lee Deforest Drive			05 30 2025
City	State Zip Code	9	Transaction ID : A82D4B4E8FF2141378D9
Columbia	MD 21046		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) Director - State Affairs		Memo Item
Receipt For:	Aggregate Year-to-Date ▼ 220.00		
Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle Initian Plaine, Marsha, C, ,	I) or Full Organization N	ame	Date of Receipt
Mailing Address 7227 Lee Deforest Drive			05 30 / Y Y Y Y 2025
City	State Zip Code	e	Transaction ID : AD9343F65AD54465293C
Columbia	MD 21046		Amount of Each Receipt this Period
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Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual)		Memo Item
Receipt For:	Area VP Clinical Operations Aggregate Year-to-Date ▼		
Primary General			
Other (specify)	440.00		
SUBTOTAL of Receipts This Page (optional)			39.50
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ITEMIZED RECEIPTS	Use separate schedule(s)	(che	(check only one)										
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\	OF COMMITTEE (In Full)	-											
	M HEALTHCARE SERVI	CES INC POI	LITICAL ACTION CO	MMITTE	EE (MA	AXIM H	IEALTH	ICARE	PAC)				
	ne of Individual (Last, First, Middle d, Jessica, Roya, ,	e Initial) or Full O	rganization Name		Date of Receipt								
Mailing	Address 7227 Lee Deforest Drive				05 / 30 / Y Y Y Y 2025								
City Columb	ia	State MD	Zip Code 21046				: A5DF8D Receipt th						
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Maxim H	f Employer (for Individual) Healthcare Services Inc		upation (for Individual) ional Director - Field Support		Mei	mo Item							
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Full Name of I A. Kowalczyk,	Individual (Last, First, Middle David, , ,	Initial) or Full O	rganization Name	Date of Receipt														
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Full Name of I B. Stover, Reg	Individual (Last, First, Middle	Initial) or Full O	rganization Name		Date o	of Re	ceint											
	ss 7227 Lee Deforest Drive				05 30 2025													
City Columbia		State MD	Zip Code 21046						D3FB20A this Perio		<u>11A6</u>							
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\square	NAME OF COMMITTEE (In Full)			, , , , , , , , , , , , , , , , , , ,										
$\left \right\rangle$	MAXIM HEALTHCARE SERVICES	S INC POI	LIT	ICAL ACTION COMM	רדו	TEE (N	1A>		EALTH	ICA	RE F	PAC)		
Α.	Full Name of Individual (Last, First, Middle Initi Wasser, Ryan, , ,	ial) or Full O	rga	nization Name		Date of Receipt								
	Mailing Address 7227 Lee Deforest Drive					M M		30	р / Ү	202	25			
	City	State		Zip Code		Transaction ID : A511D33598253437AA28								
	Columbia	MD		21046	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C									10.00)		
	Name of Employer (for Individual) Maxim Healthcare Services Inc		tion (for Individual) nance		Μ	lemo	o Item							
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в.	Full Name of Individual (Last, First, Middle Initi Parker, Claire, Foster, ,	ial) or Full O	rga	nization Name		Date o	f Re	eceipt						
	Mailing Address 7227 Lee Deforest Drive						1	D 10 30) / Y	202	25 25			
	City	State		Zip Code		Trans	act	ion ID :	A7E7D6	41A3	2BD4	CE6B0C		
	Columbia	MD		21046		Amoun	t of	Each F	Receipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.	C					10.00							
	Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) Exec Dir Continuous Improvement					lemo	o Item						
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻										
	Primary General Other (specify) ▼		,	220.00										
с.	Full Name of Individual (Last, First, Middle Initi Riddle, Laura, J, ,	ial) or Full O	rga	nization Name		Date o	f Re	eceipt						
	Mailing Address 7227 Lee Deforest Drive					^M 05	/	30		y 202	25			
	City	State		Zip Code		Trans	sact	ion ID :	A85228	4CC9	FF54	A64B3C		
	Columbia	MD		21046		Amoun	t of	Each F	Receipt th	nis Pe	eriod			
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	Name of Employer (for Individual) Maxim Healthcare Services Inc			tion (for Individual) I Director Consumer Directed P	Pr	N	lem	o Item						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 550.00												
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FEC Schedule A (Form 3X) Rev. 06/2016

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ITEMIZED RECEIPTS	Use separate schedule(s)				(check only one)											
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	information copied from such Reports and Sta or commercial purposes, other than using the r					for the		pose c	of solici	ting co	ontribut	ions				
1	NAME OF COMMITTEE (In Full)															
	MAXIM HEALTHCARE SERVICES	INC PO	LIT	ICAL ACTION COMM	ITT	EE (N	ΛA	KIM F	IEAL	THC.	ARE	PAC)				
F A.	Full Name of Individual (Last, First, Middle Initia Campion, Michael, James, ,	al) or Full C)rga	nization Name		Date of Receipt										
_	Mailing Address 7227 Lee Deforest Drive					05 / D D / Y Y Y Y 2025										
	City Columbia	State MD		Zip Code 21046	_	Transaction ID : A3C9FE450D0794B849F9 Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С			10.00											
ľ	Name of Employer (for Individual) Maxim Healthcare Services Inc		•	tion (for Individual) r Learning & Org Development	t	N	1em	o Item								
F	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 220.00												
В.	Full Name of Individual (Last, First, Middle Initia Perez-Lopez, Catherine, Elizabeth, ,	al) or Full C	Drga	nization Name		Date c	of Re	eceipt								
_	Mailing Address 7227 Lee Deforest Drive			05 / 30 / Y Y Y Y 2025												
	City Columbia	State MD		Zip Code 21046					: A43C Receip			B41A9F				
	FEC ID number of contributing ederal political committee.	C					10.00									
ſ	Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) Director - State Affairs					lemo	o Item								
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 220.00												
	Full Name of Individual (Last, First, Middle Initia Crawn, Susan, K, ,	al) or Full C	Drga	nization Name		Date c	of Re	eceipt								
Ν	Mailing Address 7227 Lee Deforest Drive					05	1 /	D 3			025	Y				
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NAME OF COMMITTEE (In Full)													
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Full Name of Individual (Last, First, M A. Ceron, Kelly, N, ,	iddle Initial) or Full C	organization Name		Date of	f Re	eceipt							
Mailing Address 7227 Lee Deforest Dr	ive		M = M / D = D / Y = Y = Y = Y										
			05 30 2025										
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Mailing Address 7227 Lee Deforest Dr	ve			м м 05	/	D D 30	/ Y	y y 2025	Y				
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Maxim Healthcare Services Inc	Re	gional Director - Field Support											
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Mailing Address 7227 Lee Deforest Dr	ive			^M 05	/	D D 30	/ Y	y y 2025	Ŷ				
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Maxim Healthcare Services Inc		ional VP											
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
\backslash	NAME OF COMMITTEE (In Full)			
	MAXIM HEALTHCARE SERVICES I	NC PO	LITICAL ACTION COMM	IITTEE (MAXIM HEALTHCARE PAC)
Α.	Full Name of Individual (Last, First, Middle Initial) Mottayaw, Amanda, N, ,	or Full O	rganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Drive			05 / D D / Y Y Y Y 05 30 2025
	City	State	Zip Code	Transaction ID : A956F9676F0B74E89A40
	Columbia	MD	21046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Maxim Healthcare Services Inc	Area	a VP Clinical Operations	
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	Other (specify) ▼		220.00	
в.	Full Name of Individual (Last, First, Middle Initial) Harris, Stefanie, D, ,	or Full O	rganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Drive			M M / D D / Y Y Y Y 05 30 2025
	City	State	Zip Code	Transaction ID : A7A15B707A3CB42BBB64
	Columbia	MD	21046	Amount of Each Receipt this Period
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	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Maxim Healthcare Services Inc	Are	a Field Manager	
	Receipt For:		Year-to-Date V	—
	Primary General	iggiogaio		
	Other (specify) V		220.00	
с.	Full Name of Individual (Last, First, Middle Initial) Stickles, Jeremy, D, ,	or Full O	rganization Name	Date of Receipt
	Mailing Address 7227 Lee Deforest Drive			M M / D D / Y Y Y Y 05 30 2025
	City	State	Zip Code	Transaction ID : A8EAD0E1CCED34C639D
	Columbia	MD	21046	Amount of Each Receipt this Period
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	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) a Field Manager	Memo Item
	Receipt For:	aareaate	Year-to-Date V	
	Primary General Other (specify)	iggiogalo	220.00	
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FEC Schedule A (Form 3X) Rev. 06/2016

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<u> </u>	Full Name of Individual (Last, First, Middle Initia Stewart, Philip, S, ,	al) or Full O	organiza	tion Name		Date o	of Re	eceipt						
	Mailing Address 7227 Lee Deforest Drive					05 30 2025								
	City	State	Zij	o Code		Transaction ID : A26D012E4F356431FA5D								
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	Name of Employer (for Individual) Maxim Healthcare Services Inc		•	(for Individual) President		N	lemo	o Item						
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B.	Full Name of Individual (Last, First, Middle Initia Simcox, Nichole, A, ,	al) or Full O	irganiza	ition Name		Date o	f Re	eceipt						
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	City	State		o Code		Trans	sact	ion ID	: A95 [,]	12377	75CA8	3642	60A18	
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<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Burke, Steven, L, ,	al) or Full O	rganiza	tion Name		Date o	of Re	eceipt						
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	MAXIM HEALTHCARE SERVICES	INC PO	LITI	CAL ACTION COMM	ITT	EE (N	1AX	KIM H	EALTH	ICA	REF	PAC)		
Α.	Full Name of Individual (Last, First, Middle Initia Hart, Brenda, M, ,	al) or Full O	rgani	zation Name	Date of Receipt									
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В.	Full Name of Individual (Last, First, Middle Initia Middleton, Deeley, C, ,	al) or Full O	rgani	zation Name		Date o		eceipt						
	Mailing Address 7227 Lee Deforest Drive	State		Zip Code	05	/	30		202	25	Y			
	City Columbia	MD		21046	F				A2BD41 Receipt th			23860		
	FEC ID number of contributing federal political committee.	С									28.8	4		
	Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) SVP - Chief Compliance Officer				М	lemo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 634.48										
	Full Name of Individual (Last, First, Middle Initia Lanier, Laura, K, ,	al) or Full O	rgani	zation Name		Date o	f Re	eceipt						
	Mailing Address 7227 Lee Deforest Drive					05 ^M	/	30		202		Y		
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	Maxim Healthcare Services Inc C			on (for Individual) VP Clini OP and Quality		M	lem	o Item						
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				person for the purpose of soliciting contributions the to solicit contributions from such committee.							
NAME OF COMM	/ITTEE (In Full)										
MAXIM HEA	LTHCARE SERVIC	CES INC PO	LITICAL ACTION COM	MITTEE (MAXIM HEALTHCARE PAC)							
A. Simmonds, Kri		Initial) or Full C	rganization Name	Date of Receipt							
	7227 Lee Deforest Drive			05 / D D / Y Y Y Y 2025							
City		State	Zip Code	Transaction ID : A12812208572A47D593B							
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Name of Employe	er (for Individual)	Occ	upation (for Individual)	Memo Item							
Maxim Healthcare	e Services Inc	Are	a Field Manager								
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Primary	General	/ iggrogato									
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Mailing Address 7	7227 Lee Deforest Drive			05 30 2025							
City		State	Zip Code	Transaction ID : A74400D828B654AB9977							
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Name of Employe	er (for Individual)	Occ	upation (for Individual)	Memo Item							
Maxim Healthcare	· /		c Dir Financial Operations	-							
Receipt For:		Aggregate	Year-to-Date ▼								
Primary	General	, iggi ogulo		1							
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Full Name of Indi C. Andrews, Hav	ividual (Last, First, Middle ven, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address	7227 Lee Deforest Drive			05 / D D / Y Y Y Y 05 30 2025							
City		State	Zip Code	Transaction ID : A82C90A84C7284251A5C							
Columbia		MD	21046	Amount of Each Receipt this Period							
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Name of Employe Maxim Healthcare	· /		upation (for Individual) a Vice President	Memo Item							
Receipt For:		Διατραγία	Year-to-Date ▼	—							
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NAME OF COMMITTEE (In Full)									
ightarrow MAXIM HEALTHCARE SERVICES IN	IC POLITICAL ACTION COMMI	TTEE (MAXIM HEALTHCARE PAC)							
Full Name of Individual (Last, First, Middle Initial) of Gering, Joseph, , , Mailing Address 7227 Lee Deforest Drive	or Full Organization Name	Date of Receipt							
City	State Zip Code	05 30 2025							
	MD 21046	Transaction ID : ADF5698F6B2F949FE925							
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Maxim Healthcare Services Inc	Area Vice President	_							
	gregate Year-to-Date ▼								
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Full Name of Individual (Last, First, Middle Initial) of B. Vander Veer, Sean, , ,	pr Full Organization Name	Date of Receipt							
Mailing Address 7227 Lee Deforest Drive		05 30 2025							
City	State Zip Code								
5	MD 21046	Transaction ID : A4509BFE19F9F49F0A2A Amount of Each Receipt this Period							
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Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) Director-Business Operations	Memo Item							
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Full Name of Individual (Last, First, Middle Initial) o C. Olatilo, Adetoyi, A, ,	or Full Organization Name	Date of Receipt							
Mailing Address 7227 Lee Deforest Drive		05 30 2025							
,	State Zip Code	Transaction ID : A316400D934CE412CAD8							
Columbia	MD 21046	Amount of Each Receipt this Period							
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Name of Employer (for Individual)	Occupation (for Individual)	Memo Item							
Maxim Healthcare Services Inc	Area VP Clinical Operations								
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	CARE SERVICES INC F	POLIT	FICAL ACTION COMM	IITT	EE (N	IAX	KIM H	EALTH	HCAF	۶E F	PAC)		
Full Name of Individual A. Nichols, James, , ,	(Last, First, Middle Initial) or Fu	ull Orga	anization Name		Date o	f Re	eceipt						
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City Columbia	State MD	•	Zip Code 21046					: A3CB5: Receipt tl			3CADA		
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B. Clifton, Alison, Marg		ull Orga	anization Name		Date o	f Re	eceipt						
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City Columbia	State MD	1	Zip Code 21046					A2D4EF			AD905		
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Name of Employer (for Maxim Healthcare Servio	,	Occupation (for Individual) Director - Talent Acquisition					ltem						
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Full Name of Individual C. Cisneros Jr, Antho	(Last, First, Middle Initial) or Funny, Joseph, ,	ull Orga	anization Name		Date o	f Re	eceipt						
Mailing Address 7227 L					05 ^M	/	D 30		202				
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
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$\langle \rangle$	MAXIM HEALTHCARE SERVICES	S INC PO	LITICAL ACTION COMM	IITTEE (MAXIM HEALTHCARE PAC)							
Α.	Full Name of Individual (Last, First, Middle Init DePriest, Jarrod, , ,	ial) or Full C	rganization Name	Date of Receipt							
	Mailing Address 7227 Lee Deforest Drive			05 30 Y Y Y Y Y 2025							
	City Columbia	State MD	Zip Code 21046	Transaction ID : A2241D1B78D344D3A934							
			21040	Amount of Each Receipt this Period							
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	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
	Maxim Healthcare Services Inc	Chi	ef Executive Officer								
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в.	Full Name of Individual (Last, First, Middle Init Rogers, Kristina, R, ,	ial) or Full C	rganization Name	Date of Receipt							
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	City	State	Zip Code	Transaction ID : A7A06E7AD35FF496998A							
	Columbia	MD	21046	Amount of Each Receipt this Period							
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	Mailing Address 7227 Lee Deforest Drive			05 / D D / Y Y Y Y 05 30 2025							
	City	State	Zip Code	Transaction ID : A92C5D1BC50BD48AEA0							
	Columbia	MD	21046	Amount of Each Receipt this Period							
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	Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) ior Director-Fed State Affairs	Memo Item							
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVIC	ES INC POLITICAL ACTION COM	IMITTEE (MAXIM HEALTHCARE PAC)
Full Name of Individual (Last, First, Middle I Martin-Greene, Drake, R, , Mailing Address 7227 Lee Deforest Drive City Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Initial) or Full Organization Name State Zip Code MD 21046 C Occupation (for Individual) Regional Director - Business Dev Aggregate Year-to-Date ▼ 220.00	Date of Receipt 05 ' 30 ' 2025 Transaction ID : AB73E7F8F61A54953AFD Amount of Each Receipt this Period 10.00 Memo Item
Full Name of Individual (Last, First, Middle I Massello, Edmund, G, , Mailing Address 7227 Lee Deforest Drive City Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Initial) or Full Organization Name State Zip Code MD 21046 C Occupation (for Individual) Area Vice President Aggregate Year-to-Date ▼ 220.00 220.00	Date of Receipt
Full Name of Individual (Last, First, Middle Raney, Michael, , , Mailing Address 7227 Lee Deforest Drive City Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code MD 21046 C Occupation (for Individual) Regional VP Aggregate Year-to-Date ▼ 616.00 616.00	Date of Receipt 05 30 2025 Transaction ID : A737851FE6B234A29BD6 Amount of Each Receipt this Period 28.00 Memo Item
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	XIM HEALTHCARE SERVICE	S INC POI	LIT	ICAL ACTION COMM	IITT	EE (N	1A>	KIM H	EALTH	ICARE	PAC)					
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	eipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 330.00												
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	ng Address 7227 Lee Deforest Drive							Date of Receipt								
City Colu	Imbia	State MD	Zip Code 21046	Transaction ID : A2665A92F624B48EAA9E Amount of Each Receipt this Period												
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	NAME OF COMMITTEE (In Full)														
$\langle \rangle$	MAXIM HEALTHCARE SERVICES	S INC POI	LIT	ICAL ACTION COMM	IITT	EE (N	ΛA	KIM H	EALTH	ICAF	₹E P	PAC)			
Α.		al) or Full O	rgar	nization Name		Date o	of Re	eceipt							
	Mailing Address 7227 Lee Deforest Drive					05 / D D / Y Y Y Y 2025									
	City Columbia	State MD				Transaction ID : A0A794F95A04D4594A92 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) Maxim Healthcare Services Inc		•	ion (for Individual) - State Affairs		N	lemo	tem							
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	City	State MD		Zip Code 21046	_	05 30 2025 Transaction ID : A489E5E4C82D14632964									
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period									
	Name of Employer (for Individual) Maxim Healthcare Services Inc	Occupation (for Individual) Area Vice President					1ema	tem							
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<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Josephson, Adam, , ,	al) or Full O	rgar	nization Name		Date o	of Re	eceipt							
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\rangle	MAXIM HEALTHCARE SERVICES	INC PO	LIT	TICAL ACTION COMM	IITT	EE (N	1A)	KIM F	IEALT	'HC/	ARE	PAC)			
Α.	Full Name of Individual (Last, First, Middle Initia Alvarez, Heather, Lea, ,	al) or Full O)rga	nization Name		Date of Receipt									
	Mailing Address 7227 Lee Deforest Drive					05 / D D / Y Y Y Y 2025									
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				TEE (MAXIM HEALTHCARE PAC)						
/ Full Name (Last, First, Middle Initial)										
A. ROSE FOR COLORADO			Date of Disbursement							
Mailing Address 9235 N UNION BLVD STE 150 #128		05 28 2025								
City	State	Zip Code		FEC Identification Number						
Colorado Springs Purpose of Disbursement	CO	80920-7833								
Check Issued 10/10/24; Voided 1/31/25; Void Rev	versed & Polit	cal		C Transaction ID : B9401AF6E20						
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