

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00043036	2 Total pages filed: 95
3 COMMITTEE NAME MAXIMUS, Inc. Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/15/2025	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1600 Tyson Blvd Suite 1400 McLean, VA 22102		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Dominic		
	NICKNAME LAST SUFFIX Corley		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1600 Tyson Blvd Suite 1400 McLean, VA 22102		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1891 Metro Center Dr. Reston, VA 20190		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (703) 251-8500		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2024 THROUGH 12/31/2024		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME MAXIMUS, Inc. Political Action Committee	13 Filer ID (Ethics Commission Filers) 00043036
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,456.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,136.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Dominic Corley

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME MAXIMUS, Inc. Political Action Committee		18 Filer ID (Ethics Commission Filers) 00043036
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,456.30
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 73.00
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/89 Rpt: 4/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Sr Director - Risk		9 Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
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Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, Inc.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> 6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Sr Director - Risk		9 Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, Inc.
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, Inc.
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, Inc.
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6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Sr Director - Risk		9 Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Julie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Director of Technology		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Julie	Amount of Contribution (\$) \$20.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
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Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Director of Technology		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atilis, Towanna	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Facilities Supervisor		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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8 Principal occupation / Job title (See Instructions) Facilities Supervisor		9 Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, Inc.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia	7 Amount of Contribution (\$) \$50.00
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Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia	Amount of Contribution (\$) \$50.00
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Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/89 Rpt: 14/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
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Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/89 Rpt: 15/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		9 Employer (See Instructions) MAXIMUS, Inc.
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, Inc.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, Inc.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/89 Rpt: 16/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) SVP, Digital Solutions		9 Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, Inc.
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, Inc.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/89 Rpt: 17/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) SVP, Digital Solutions		9 Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, Inc.
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, Inc.
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, Inc.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/89 Rpt: 18/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) SVP, Digital Solutions		9 Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaschke Treharne, Kelly	Amount of Contribution (\$) \$38.50
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Sr. VP, Human Services		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaschke Treharne, Kelly	Amount of Contribution (\$) \$38.50
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Sr. VP, Human Services		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaschke Treharne, Kelly	Amount of Contribution (\$) \$38.50
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Sr. VP, Human Services		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/89 Rpt: 19/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaschke Treharne, Kelly <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102-4893	7 Amount of Contribution (\$) \$38.50
8 Principal occupation / Job title (See Instructions) Sr. VP, Human Services		9 Employer (See Instructions) MAXIMUS, Inc.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaschke Treharne, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$38.50
Principal occupation / Job title (See Instructions) Sr. VP, Human Services		Employer (See Instructions) MAXIMUS, Inc.
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaschke Treharne, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$38.50
Principal occupation / Job title (See Instructions) Sr. VP, Human Services		Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaschke Treharne, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$38.50
Principal occupation / Job title (See Instructions) Sr. VP, Human Services		Employer (See Instructions) MAXIMUS, Inc.
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaschke Treharne, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$38.50
Principal occupation / Job title (See Instructions) Sr. VP, Human Services		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/89 Rpt: 20/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaschke Treharne, Kelly <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102-4893	7 Amount of Contribution (\$) \$38.50
8 Principal occupation / Job title (See Instructions) Sr. VP, Human Services		9 Employer (See Instructions) MAXIMUS, Inc.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaschke Treharne, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$38.50
Principal occupation / Job title (See Instructions) Sr. VP, Human Services		Employer (See Instructions) MAXIMUS, Inc.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaschke Treharne, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$38.50
Principal occupation / Job title (See Instructions) Sr. VP, Human Services		Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaschke Treharne, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$38.50
Principal occupation / Job title (See Instructions) Sr. VP, Human Services		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/89 Rpt: 21/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		9 Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, Inc.
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, Inc.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, Inc.
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/89 Rpt: 22/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> 6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		9 Employer (See Instructions) MAXIMUS, Inc.
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, Inc.
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, Inc.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, Inc.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/89 Rpt: 23/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> 6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		9 Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4865	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4865	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4865	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, Inc.
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4865	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/89 Rpt: 24/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4865		
8 Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		9 Employer (See Instructions) MAXIMUS, Inc.
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code McLean, VA 22102-4865		
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code McLean, VA 22102-4865		
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, Inc.
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code McLean, VA 22102-4865		
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, Inc.
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code McLean, VA 22102-4865		
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/89 Rpt: 25/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102-4865	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		9 Employer (See Instructions) MAXIMUS, Inc.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4865	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4865	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4865	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4865	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/89 Rpt: 26/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4865		
8 Principal occupation / Job title (See Instructions) SVP		9 Employer (See Instructions) MAXIMUS, Inc.
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code McLean, VA 22102-4865		
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, Inc.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code McLean, VA 22102-4865		
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, Inc.
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code McLean, VA 22102-4865		
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code McLean, VA 22102-4865		
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/89 Rpt: 27/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102-4865	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) SVP		9 Employer (See Instructions) MAXIMUS, Inc.
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4865	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, Inc.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4865	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, Inc.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4865	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4865	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/89 Rpt: 28/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, James	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Vice President, Marketing and Public Relations		9 Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
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Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, James	Amount of Contribution (\$) \$50.00
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Principal occupation / Job title (See Instructions) Vice President, Marketing and Public Relations		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/89 Rpt: 29/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, James	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Vice President, Marketing and Public Relations		9 Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Vice President, Marketing and Public Relations		Employer (See Instructions) MAXIMUS, Inc.
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
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Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
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Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, James	Amount of Contribution (\$) \$50.00
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SCHEDULE A1

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Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, James	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Vice President, Marketing and Public Relations		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbarasse, Alhassan	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
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Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbarasse, Alhassan <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esterly, Lourdes <hr/> Contributor address; City; State; Zip Code McClean, VA 22102	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

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4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrell, Gaynor	7 Amount of Contribution (\$) \$5.00
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Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrell, Gaynor	Amount of Contribution (\$) \$5.00
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Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth	Amount of Contribution (\$) \$27.69
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Vice President- Project and Program		Employer (See Instructions) MAXIMUS, Inc.
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Principal occupation / Job title (See Instructions) Vice President- Project and Program		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Jennille	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Sr Admin		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golinvaux, Theresa <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102-4865	7 Amount of Contribution (\$) \$66.00
8 Principal occupation / Job title (See Instructions) Senior VP, Corporate Controller		9 Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golinvaux, Theresa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4865	Amount of Contribution (\$) \$66.00
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Principal occupation / Job title (See Instructions) Senior VP, Corporate Controller		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Christine <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing & Communications Executive		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Christine <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing & Communications Executive		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Christine <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing & Communications Executive		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/89 Rpt: 42/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Christine <hr/> 6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Marketing & Communications Executive		9 Employer (See Instructions) MAXIMUS, Inc.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Christine <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
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Principal occupation / Job title (See Instructions) Marketing & Communications Executive		Employer (See Instructions) MAXIMUS, Inc.
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Principal occupation / Job title (See Instructions) Marketing & Communications Executive		Employer (See Instructions) MAXIMUS, Inc.
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Vicki <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP Information Security		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/89 Rpt: 43/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Jasmine	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Sr Specialist - HR		9 Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Jasmine	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Sr Specialist - HR		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Jasmine	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
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Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Jasmine	Amount of Contribution (\$) \$5.00
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Principal occupation / Job title (See Instructions) Sr Specialist - HR		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Jasmine	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
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Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Jasmine	Amount of Contribution (\$) \$5.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/89 Rpt: 45/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Jasmine <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102-4893	7 Amount of Contribution (\$) \$5.00
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Principal occupation / Job title (See Instructions) Sr Specialist - HR		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Douglas <hr/> Contributor address; City; State; Zip Code Denver, CO 80202-5558	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Sr Vice President - Business Development		Employer (See Instructions) MAXIMUS
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Douglas <hr/> Contributor address; City; State; Zip Code Denver, CO 80202-5558	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Sr Vice President - Business Development		Employer (See Instructions) MAXIMUS
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Douglas <hr/> Contributor address; City; State; Zip Code Denver, CO 80202-5558	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Sr Vice President - Business Development		Employer (See Instructions) MAXIMUS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/89 Rpt: 46/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Douglas <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80202-5558	7 Amount of Contribution (\$) \$125.00
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Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Douglas <hr/> Contributor address; City; State; Zip Code Denver, CO 80202-5558	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Sr Vice President - Business Development		Employer (See Instructions) MAXIMUS
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Douglas <hr/> Contributor address; City; State; Zip Code Denver, CO 80202-5558	Amount of Contribution (\$) \$125.00
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Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Douglas <hr/> Contributor address; City; State; Zip Code Denver, CO 80202-5558	Amount of Contribution (\$) \$125.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Contributor address; City; State; Zip Code Denver, CO 80202-5558		
Principal occupation / Job title (See Instructions) Sr Vice President - Business Development		Employer (See Instructions) MAXIMUS
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Douglas	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Denver, CO 80202-5558		
Principal occupation / Job title (See Instructions) Sr Vice President - Business Development		Employer (See Instructions) MAXIMUS
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaruboon, Jetshada	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Vice President, Operations		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaruboon, Jetshada	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Vice President, Operations		9 Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaruboon, Jetshada	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Vice President, Operations		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeter, Joseph	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeter, Joseph	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, Inc.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/89 Rpt: 50/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
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6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) SVP		9 Employer (See Instructions) MAXIMUS, Inc.
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Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeter, Joseph	Amount of Contribution (\$) \$25.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeter, Joseph <hr/> 6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	7 Amount of Contribution (\$) \$25.00
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Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Kathleen <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$23.08
Principal occupation / Job title (See Instructions) Group President of Human Services		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Kathleen <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$23.08
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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SCHEDULE A1

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4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102-4893	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		9 Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$10.00
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Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/89 Rpt: 55/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer	7 Amount of Contribution (\$) \$10.00
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Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/89 Rpt: 56/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102-4893	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		9 Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$9.23
Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$9.23
Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$9.23
Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, Inc.

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4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102-4893	7 Amount of Contribution (\$) \$9.23
8 Principal occupation / Job title (See Instructions) Vice President Workforce Services		9 Employer (See Instructions) MAXIMUS, Inc.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$9.23
Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, Inc.
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$9.23
Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$9.23
Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, Inc.
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Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code McClean, VA 22102		
Principal occupation / Job title (See Instructions) VP - Business Development		Employer (See Instructions) MAXIMUS, Inc.

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4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, John	7 Amount of Contribution (\$) \$192.00
6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Chief Legal Officer		9 Employer (See Instructions) MAXIMUS, Inc.
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Principal occupation / Job title (See Instructions) Chief Legal Officer		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McQueen, Ebony	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) MAXIMUS, Inc.

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4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McQueen, Ebony	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Operations Manager		9 Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
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Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel	Amount of Contribution (\$) \$25.00
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4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) VP		9 Employer (See Instructions) MAXIMUS, Inc.
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, Inc.
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, Inc.
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, Inc.

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Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Joanna	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code McClean, VA 22102		
Principal occupation / Job title (See Instructions) VP Clinical Services		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

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4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mutryn, David	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4865		
8 Principal occupation / Job title (See Instructions) SVP, Finance		9 Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mutryn, David	Amount of Contribution (\$) \$100.00
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Principal occupation / Job title (See Instructions) SVP, Finance		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mutryn, David	Amount of Contribution (\$) \$100.00
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Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/89 Rpt: 70/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		9 Employer (See Instructions) MAXIMUS, Inc.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		Employer (See Instructions) MAXIMUS, Inc.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		Employer (See Instructions) MAXIMUS, Inc.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Lawrence	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Vice President, Finance		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Lawrence	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Vice President, Finance		9 Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Lawrence	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
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Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Elieen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) VP, Communication and PR		Employer (See Instructions) MAXIMUS, Inc.
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Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) VP, Communication and PR		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Chief of Staff, U.S. Services Segment		Employer (See Instructions) MAXIMUS, Inc.

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8 Principal occupation / Job title (See Instructions) Chief of Staff, U.S. Services Segment		9 Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin	Amount of Contribution (\$) \$0.30
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin	Amount of Contribution (\$) \$0.30
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
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Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin	Amount of Contribution (\$) \$0.30
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
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Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin	Amount of Contribution (\$) \$0.30
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Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.

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4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin	7 Amount of Contribution (\$) \$0.30
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
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Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin	Amount of Contribution (\$) \$0.30
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Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
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8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) MAXIMUS, INC.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin	Amount of Contribution (\$) \$0.30
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin	Amount of Contribution (\$) \$0.30
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) MAXIMUS, INC.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simonich, Susan	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) VP of Business and Finance Transformation		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simonich, Susan	Amount of Contribution (\$) \$1.00
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Principal occupation / Job title (See Instructions) VP of Business and Finance Transformation		Employer (See Instructions) MAXIMUS, Inc.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slabbekoorn, Arnold <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Manager, Data Science		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

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8 Principal occupation / Job title (See Instructions) Senior Manager, Data Science		9 Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slabbekoorn, Arnold <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Manager, Data Science		Employer (See Instructions) MAXIMUS, Inc.
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slabbekoorn, Arnold <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Manager, Data Science		Employer (See Instructions) MAXIMUS, Inc.
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slabbekoorn, Arnold <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Manager, Data Science		Employer (See Instructions) MAXIMUS, Inc.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slabbekoorn, Arnold <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Manager, Data Science		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/89 Rpt: 84/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slabbekoorn, Arnold	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Senior Manager, Data Science		9 Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slabbekoorn, Arnold	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Manager, Data Science		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snelling, Alec	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Specialist - Client Compliance		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snelling, Alec	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Specialist - Client Compliance		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snelling, Alec	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Specialist - Client Compliance		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/89 Rpt: 85/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snelling, Alec	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Specialist - Client Compliance		9 Employer (See Instructions) MAXIMUS, Inc.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snelling, Alec	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Specialist - Client Compliance		Employer (See Instructions) MAXIMUS, Inc.
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snelling, Alec	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Specialist - Client Compliance		Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snelling, Alec	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Specialist - Client Compliance		Employer (See Instructions) MAXIMUS, Inc.
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snelling, Alec	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Specialist - Client Compliance		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/89 Rpt: 86/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snelling, Alec <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102-4893	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Specialist - Client Compliance		9 Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snelling, Alec <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Specialist - Client Compliance		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Kimberly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Supervisor, Call Center		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Kimberly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Supervisor, Call Center		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Kimberly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102-4893	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Supervisor, Call Center		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/89 Rpt: 87/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Kimberly	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Supervisor, Call Center		9 Employer (See Instructions) MAXIMUS, Inc.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Kimberly	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Supervisor, Call Center		Employer (See Instructions) MAXIMUS, Inc.
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Kimberly	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Supervisor, Call Center		Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Kimberly	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Supervisor, Call Center		Employer (See Instructions) MAXIMUS, Inc.
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Kimberly	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Supervisor, Call Center		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/89 Rpt: 88/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Kimberly	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code McLean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Supervisor, Call Center		9 Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Kimberly	Amount of Contribution (\$) \$66.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Supervisor, Call Center		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) MAXIMUS, Inc.
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/89 Rpt: 89/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Senior Director		9 Employer (See Instructions) MAXIMUS, Inc.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) MAXIMUS, Inc.
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) MAXIMUS, Inc.
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/89 Rpt: 90/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip <hr/> 6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Senior Director		9 Employer (See Instructions) MAXIMUS, Inc.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) MAXIMUS, Inc.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) MAXIMUS, Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) MAXIMUS, Inc.
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Sandra <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director of Quality Assurance		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/89 Rpt: 91/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Sandra <hr/> 6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Director of Quality Assurance		9 Employer (See Instructions) MAXIMUS, Inc.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Sandra <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director of Quality Assurance		Employer (See Instructions) MAXIMUS, Inc.
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Sandra <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director of Quality Assurance		Employer (See Instructions) MAXIMUS, Inc.
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Sandra <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director of Quality Assurance		Employer (See Instructions) MAXIMUS, Inc.
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Sandra <hr/> Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director of Quality Assurance		Employer (See Instructions) MAXIMUS, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/89 Rpt: 92/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Sandra	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
8 Principal occupation / Job title (See Instructions) Director of Quality Assurance		9 Employer (See Instructions) MAXIMUS, Inc.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Sandra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Director of Quality Assurance		Employer (See Instructions) MAXIMUS, Inc.
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Sandra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mc Lean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Director of Quality Assurance		Employer (See Instructions) MAXIMUS, Inc.
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Dorothy	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code McLean, VA 22102-4893		
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) MAXIMUS, Inc.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 93/95

2 FILER NAME
MAXIMUS, Inc. Political Action Committee

3 Filer ID (Ethics Commission Filers)
00043036

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 94/95
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME MAXIMUS, Inc. Political Action Committee	3 Filer ID (Ethics Commission Filers) 00043036
4 Date 07/26/2024	5 Payee name Flores, Angela	
6 Amount (\$) 26.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1600 Tyson Blvd Suite 1400 McClean, VA 22102	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contribution reimbursement	(b) Description (See instructions regarding type of information required.) Contribution reimbursement
Date 07/26/2024	Payee name George, Jennille	
Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1600 Tyson Blvd Suite 1400 McClean, VA 22102	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contribution reimbursement	(b) Description (See instructions regarding type of information required.) Contribution reimbursement
Date 07/26/2024	Payee name Hagerty, Jennifer	
Amount (\$) 20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1600 Tyson Blvd Suite 1400 McClean, VA 22102	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contribution reimbursement	(b) Description (See instructions regarding type of information required.) Contribution reimbursement
Date 07/26/2024	Payee name Linker, Jessica	
Amount (\$) 13.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1600 Tyson Blvd Suite 1400 McClean, VA 22102	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contribution reimbursement	(b) Description (See instructions regarding type of information required.) Contribution reimbursement