

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: 139	
3 COMMITTEE NAME MAXIMUS, Inc. Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2025 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 (Residence or Business)	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 type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" 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 01/01/2025 THROUGH 07/14/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input 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)	\$ 64,869.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 29,544.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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**FORM GPAC**
COVER SHEET PG 3
3 of 139

17 COMMITTEE NAME MAXIMUS, Inc. Political Action Committee		18 Filer ID (Ethics Commission Filers) 00043036
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 64,869.70
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	\$ 29,544.63
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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: 1/132 Rpt: 4/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 01/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Sr Director - Risk		9 Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, INC.
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
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Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
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2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Sr Director - Risk		9 Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, INC.

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2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 05/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$100.00
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Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldren, Hailey <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Director - Risk		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Julie <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director of Technology		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: 4/132 Rpt: 7/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 01/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Julie <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$20.00
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Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Julie <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
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MONETARY POLITICAL CONTRIBUTIONS

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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 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Julie <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$20.00
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Principal occupation / Job title (See Instructions) Director of Technology		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angustia, Cumanda <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director - Cln Mgmt, NP P		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angustia, Cumanda <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
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SCHEDULE A1

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atilis, Towanna Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Facilities Supervisor		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atilis, Towanna Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
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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: 11/132 Rpt: 14/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
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Principal occupation / Job title (See Instructions) Facilities Supervisor		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: 12/132 Rpt: 15/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 07/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atilis, Towanna <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Facilities Supervisor		9 Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, INC.
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		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: 13/132 Rpt: 16/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Chief Compliance Counsel		9 Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		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: 14/132 Rpt: 17/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 05/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Chief Compliance Counsel		9 Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Compliance Counsel		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
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: 15/132 Rpt: 18/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 01/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		9 Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, INC.
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, INC.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
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: 16/132 Rpt: 19/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 04/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		9 Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
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: 17/132 Rpt: 20/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		9 Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Christa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Managing Director of Clinical Services		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baylinson, Ilene <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chief Of Staff		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$150.00
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: 18/132 Rpt: 21/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 01/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) SVP, Digital Solutions		9 Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$150.00
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: 19/132 Rpt: 22/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 04/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) SVP, Digital Solutions		9 Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$150.00
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: 20/132 Rpt: 23/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) SVP, Digital Solutions		9 Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biernacki, Daniel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) SVP, Digital Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	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	Amount of Contribution (\$) \$38.50
Principal occupation / Job title (See Instructions) Sr. VP, Human Services		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bornarth, Regina <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) Director - Business Dev		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: 21/132 Rpt: 24/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 04/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Dwayne 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Prog Manager - Prog Mgmt		9 Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Dwayne Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Prog Manager - Prog Mgmt		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Dwayne Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Prog Manager - Prog Mgmt		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Dwayne Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Prog Manager - Prog Mgmt		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Dwayne Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Prog Manager - Prog Mgmt		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: 22/132 Rpt: 25/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Dwayne 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Prog Manager - Prog Mgmt		9 Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Dwayne Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Prog Manager - Prog Mgmt		Employer (See Instructions) MAXIMUS, INC.
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, David Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Group President		Employer (See Instructions) MAXIMUS, INC.
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caswell, Bruce Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Group President		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly Contributor address; City; State; Zip Code McLean, VA 22102	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: 23/132 Rpt: 26/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 01/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	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 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, INC.
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, INC.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	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: 24/132 Rpt: 27/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 04/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	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 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	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: 25/132 Rpt: 28/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	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 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceballos, Kelly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Director, PR & External Communications		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherry, Arvenita <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President, DE&I		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	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: 26/132 Rpt: 29/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 01/24/2025	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	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		9 Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, INC.
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, INC.
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Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	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: 27/132 Rpt: 30/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 04/04/2025	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	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		9 Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	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: 28/132 Rpt: 31/139
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4 Date 06/13/2025	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	7 Amount of Contribution (\$) \$15.00
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Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Pam <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Government Relations Manager		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, INC.

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Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
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Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabek, Christopher <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Karen <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Proj Mgr - Global Ethics		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Karen <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr Proj Mgr - Global Ethics		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, James <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President, Marketing and Public Relations		Employer (See Instructions) MAXIMUS, INC.

MONETARY POLITICAL CONTRIBUTIONS

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Principal occupation / Job title (See Instructions) Vice President, Marketing and Public Relations		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbarasse, Alhassan <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbarasse, Alhassan <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
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SCHEDULE A1

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SCHEDULE A1

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Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbarasse, Alhassan <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
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Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbarasse, Alhassan <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsmore, Brianna <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Assistant General Counsel		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrell, Gaynor <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
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SCHEDULE A1

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4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrell, Gaynor <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
8 Principal occupation / Job title (See Instructions) VP		9 Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrell, Gaynor <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) <div style="text-align: right;">\$27.69</div>
Principal occupation / Job title (See Instructions) Vice President- Project and Program		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) <div style="text-align: right;">\$27.69</div>
Principal occupation / Job title (See Instructions) Vice President- Project and Program		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) <div style="text-align: right;">\$27.69</div>
Principal occupation / Job title (See Instructions) Vice President- Project and Program		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: 41/132 Rpt: 44/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$27.69
8 Principal occupation / Job title (See Instructions) Vice President- Project and Program		9 Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$27.69
Principal occupation / Job title (See Instructions) Vice President- Project and Program		Employer (See Instructions) MAXIMUS, INC.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$27.69
Principal occupation / Job title (See Instructions) Vice President- Project and Program		Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$27.69
Principal occupation / Job title (See Instructions) Vice President- Project and Program		Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$27.69
Principal occupation / Job title (See Instructions) Vice President- Project and Program		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: 42/132 Rpt: 45/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 05/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$27.69
8 Principal occupation / Job title (See Instructions) Vice President- Project and Program		9 Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$27.69
Principal occupation / Job title (See Instructions) Vice President- Project and Program		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$27.69
Principal occupation / Job title (See Instructions) Vice President- Project and Program		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$27.69
Principal occupation / Job title (See Instructions) Vice President- Project and Program		Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$27.69
Principal occupation / Job title (See Instructions) Vice President- Project and Program		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: 43/132 Rpt: 46/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 07/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$27.69
8 Principal occupation / Job title (See Instructions) Vice President- Project and Program		9 Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Cynthia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President Program Operations		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Cynthia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President Program Operations		Employer (See Instructions) MAXIMUS, INC.
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Cynthia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President Program Operations		Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Cynthia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President Program Operations		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: 44/132 Rpt: 47/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Cynthia <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Vice President Program Operations		9 Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Cynthia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President Program Operations		Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Cynthia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President Program Operations		Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Cynthia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President Program Operations		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Cynthia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President Program Operations		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: 45/132 Rpt: 48/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 05/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Cynthia <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Vice President Program Operations		9 Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Cynthia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President Program Operations		Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Cynthia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President Program Operations		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Cynthia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President Program Operations		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gannon, Thomas <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Director - Federal Civilian Capture		Employer (See Instructions) MAXIMUS, INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gannon, Thomas <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$15.00
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Principal occupation / Job title (See Instructions) Sr. Director - Federal Civilian Capture		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: 47/132 Rpt: 50/139
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4 Date 05/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gannon, Thomas <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$15.00
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Principal occupation / Job title (See Instructions) Sr. Director - Federal Civilian Capture		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: 48/132 Rpt: 51/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 07/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gannon, Thomas <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Sr. Director - Federal Civilian Capture		9 Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goad, Brandon <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) VP - PMO		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goad, Brandon <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) VP - PMO		Employer (See Instructions) MAXIMUS, INC.
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goad, Brandon <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
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Principal occupation / Job title (See Instructions) VP - PMO		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: 49/132 Rpt: 52/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goad, Brandon <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) VP - PMO		9 Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goad, Brandon <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) VP - PMO		Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goad, Brandon <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) VP - PMO		Employer (See Instructions) MAXIMUS, INC.
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Principal occupation / Job title (See Instructions) VP - PMO		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goad, Brandon <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) VP - PMO		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: 50/132 Rpt: 53/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 05/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goad, Brandon <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$20.00
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Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goad, Brandon <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) VP - PMO		Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goad, Brandon <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) VP - PMO		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goad, Brandon <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) VP - PMO		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golinvaux, Theresa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$66.00
Principal occupation / Job title (See Instructions) Senior VP, Corporate Controller		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: 51/132 Rpt: 54/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 01/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golinviaux, Theresa <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$66.00
8 Principal occupation / Job title (See Instructions) Senior VP, Corporate Controller		9 Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golinviaux, Theresa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$66.00
Principal occupation / Job title (See Instructions) Senior VP, Corporate Controller		Employer (See Instructions) MAXIMUS, INC.
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golinviaux, Theresa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$66.00
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Principal occupation / Job title (See Instructions) Senior VP, Corporate Controller		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: 52/132 Rpt: 55/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 04/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golinviaux, Theresa <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 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 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golinviaux, Theresa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$66.00
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Principal occupation / Job title (See Instructions) Senior VP, Corporate Controller		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: 53/132 Rpt: 56/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 06/13/2025	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	7 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 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golinvaux, Theresa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$66.00
Principal occupation / Job title (See Instructions) Senior VP, Corporate Controller		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Christine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing & Communications Executive		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Christine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Marketing & Communications Executive		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: 54/132 Rpt: 57/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 02/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Christine <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Marketing & Communications Executive		9 Employer (See Instructions) MAXIMUS, INC.
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Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keating, Barbara <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) MD - Federal Health Markets		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Kathleen <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$23.08
Principal occupation / Job title (See Instructions) Group President of Human Services		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Kathleen <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$23.08
Principal occupation / Job title (See Instructions) Group President of Human Services		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Kathleen <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$23.08
Principal occupation / Job title (See Instructions) Group President of 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: 69/132 Rpt: 72/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Kathleen <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$23.08
8 Principal occupation / Job title (See Instructions) Group President of Human Services		9 Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Nancy <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) MD - Project/Program		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Nancy <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) MD - Project/Program		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Nancy <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) MD - Project/Program		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Nancy <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) MD - Project/Program		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: 70/132 Rpt: 73/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Nancy <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) MD - Project/Program		9 Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Nancy <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) MD - Project/Program		Employer (See Instructions) MAXIMUS, INC.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landry, Samuel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP - Chief of Staff		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
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: 71/132 Rpt: 74/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 02/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer 6 Contributor address; City; State; Zip Code McLean, VA 22102	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 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		Employer (See Instructions) MAXIMUS, INC.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
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: 72/132 Rpt: 75/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 04/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer 6 Contributor address; City; State; Zip Code McLean, VA 22102	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 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		Employer (See Instructions) MAXIMUS, INC.

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8 Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		9 Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazenby, Jennifer <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Vice President, Chief Privacy Officer		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$9.23
Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$9.23
Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$9.23
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Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$9.23
Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$9.23
Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, INC.

MONETARY POLITICAL CONTRIBUTIONS

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8 Principal occupation / Job title (See Instructions) Vice President Workforce Services		9 Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$9.23
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Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazur, Kristine <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$9.23
Principal occupation / Job title (See Instructions) Vice President Workforce Services		Employer (See Instructions) MAXIMUS, INC.
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2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 07/11/2025	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	7 Amount of Contribution (\$) \$9.23
8 Principal occupation / Job title (See Instructions) Vice President Workforce Services		9 Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Business Development and Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Business Development and Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Business Development and Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Business Development and 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: 77/132 Rpt: 80/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 03/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Vice President of Business Development and Solutions		9 Employer (See Instructions) MAXIMUS, INC.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Business Development and Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Business Development and Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Business Development and Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Business Development and 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: 78/132 Rpt: 81/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 05/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Vice President of Business Development and Solutions		9 Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Business Development and Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Business Development and Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Business Development and Solutions		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leggieri, Kathryn <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Business Development and 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: 79/132 Rpt: 82/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 04/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey, Shelinda <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Sr Manager - Ops		9 Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey, Shelinda <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sr Manager - Ops		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey, Shelinda <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sr Manager - Ops		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey, Shelinda <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sr Manager - Ops		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey, Shelinda <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sr Manager - Ops		Employer (See Instructions) MAXIMUS, INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey, Shelinda <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Sr Manager - Ops		9 Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey, Shelinda <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sr Manager - Ops		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Link, Michelle <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chief Human Resources Officer		Employer (See Instructions) MAXIMUS, INC.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madsen, Jan <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Member, Board of Directors		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, John <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Chief Legal 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: 81/132 Rpt: 84/139
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4 Date 01/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, John <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$192.00
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Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, John <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Chief Legal Officer		Employer (See Instructions) MAXIMUS, INC.
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2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 04/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, John <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$192.00
8 Principal occupation / Job title (See Instructions) Chief Legal Officer		9 Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, John <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$192.00
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Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, John <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Chief Legal Officer		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, John <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Chief Legal Officer		Employer (See Instructions) MAXIMUS, INC.
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Principal occupation / Job title (See Instructions) Chief Legal Officer		Employer (See Instructions) MAXIMUS, INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, John <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Chief Legal Officer		Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, John <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Sr VP - Business Dev Sales		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McQueen, Ebony <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) MAXIMUS, INC.

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Principal occupation / Job title (See Instructions) VP - Civilian Growth Operations		Employer (See Instructions) MAXIMUS, INC.
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8 Principal occupation / Job title (See Instructions) VP - Civilian Growth Operations		9 Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$25.00
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Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moellering, Elizabeth <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sr VP - Assoc GC, Litigation		Employer (See Instructions) MAXIMUS, INC.
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoni, Richard <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Joanna <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Managing Director, Clinical Services		Employer (See Instructions) MAXIMUS, INC.

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Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
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: 97/132 Rpt: 100/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$5.00
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Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		Employer (See Instructions) MAXIMUS, INC.

MONETARY POLITICAL CONTRIBUTIONS

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8 Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		9 Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Peter <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) IT Prncpl Archt - Systems		Employer (See Instructions) MAXIMUS, INC.

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8 Principal occupation / Job title (See Instructions) IT Princpl Archt - Systems		9 Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Tom <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - Associate GC of L		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledger, Derrick <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chief Digital and Information		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popova, Irena <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Assistant General Counsel		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popova, Irena <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$125.00
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Principal occupation / Job title (See Instructions) Assistant General Counsel		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Lawrence <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President, Finance		Employer (See Instructions) MAXIMUS, INC.
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Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Lawrence <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President, Finance		Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Lawrence <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
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8 Principal occupation / Job title (See Instructions) Vice President, Finance		9 Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Lawrence <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
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Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Lawrence <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
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4 Date 07/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Lawrence <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Vice President, Finance		9 Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Kevin <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Gen Mgr - Gbl HlthHmn Sv		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Eileen <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP, Communication and PR		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Eileen <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP, Communication and PR		Employer (See Instructions) MAXIMUS, INC.
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Principal occupation / Job title (See Instructions) VP, Communication and PR		Employer (See Instructions) MAXIMUS, INC.
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Principal occupation / Job title (See Instructions) VP, Communication and PR		Employer (See Instructions) MAXIMUS, INC.
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Principal occupation / Job title (See Instructions) VP, Communication and PR		Employer (See Instructions) MAXIMUS, INC.
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SCHEDULE A1

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Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Gabrielle <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP - Business Dev & Sales		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Beverly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Managing Director for Clinical Health		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Beverly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$25.00
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Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Beverly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Managing Director for Clinical Health		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Beverly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Managing Director for Clinical Health		Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Beverly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Managing Director for Clinical Health		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Beverly <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Managing Director for Clinical Health		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: 111/132 Rpt: 114/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 04/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenak, Laura <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) EMD - U.S. Services		9 Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Darren <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Prog Director - Prog Mgmt		Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Darren <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Prog Director - Prog Mgmt		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Darren <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Prog Director - Prog Mgmt		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Darren <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Prog Director - Prog Mgmt		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: 112/132 Rpt: 115/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Darren <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Prog Director - Prog Mgmt		9 Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Darren <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Prog Director - Prog Mgmt		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Darren <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Prog Director - Prog Mgmt		Employer (See Instructions) MAXIMUS, INC.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruddy, Raymond <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Member Of The Board Of Directo		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		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 01/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		9 Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		Employer (See Instructions) MAXIMUS, INC.
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		Employer (See Instructions) MAXIMUS, INC.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		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 04/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		9 Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		Employer (See Instructions) MAXIMUS, INC.

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8 Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		9 Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders-Tonahill, Martha <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - US Svc Chief of S		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.

MONETARY POLITICAL CONTRIBUTIONS

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Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) 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: 117/132 Rpt: 120/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 04/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) 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: 118/132 Rpt: 121/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seguin, Benjamin <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Settle, Donna <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) VP - Business Dev Sales		Employer (See Instructions) MAXIMUS, INC.
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, Lou <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) SVP - Federal Operations		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Mylene <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sr Prog Director - Prog M		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: 119/132 Rpt: 122/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 04/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Lisa <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) MD - Wrkfrs Svcs		9 Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Lisa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) MD - Wrkfrs Svcs		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Lisa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) MD - Wrkfrs Svcs		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Lisa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) MD - Wrkfrs Svcs		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Lisa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) MD - Wrkfrs Svcs		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: 120/132 Rpt: 123/139
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4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Lisa <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) MD - Wrkfrs Svcs		9 Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Lisa <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) MD - Wrkfrs Svcs		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simonich, Susan <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Business and Finance Transformation		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simonich, Susan <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Business and Finance Transformation		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simonich, Susan <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Business and Finance Transformation		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: 121/132 Rpt: 124/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simonich, Susan <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) VP of Business and Finance Transformation		9 Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simonich, Susan <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Business and Finance Transformation		Employer (See Instructions) MAXIMUS, INC.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simonich, Susan <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Business and Finance Transformation		Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simonich, Susan <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Business and Finance Transformation		Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simonich, Susan <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Business and Finance Transformation		Employer (See Instructions) MAXIMUS, INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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8 Principal occupation / Job title (See Instructions) VP of Business and Finance Transformation		9 Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) MD - Project/Program		Employer (See Instructions) MAXIMUS, INC.
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director - Medical		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director - Medical		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
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8 Principal occupation / Job title (See Instructions) Director - Medical		9 Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director - Medical		Employer (See Instructions) MAXIMUS, INC.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director - Medical		Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director - Medical		Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director - Medical		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: 125/132 Rpt: 128/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 05/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Director - Medical		9 Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director - Medical		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director - Medical		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director - Medical		Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director - Medical		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: 126/132 Rpt: 129/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 07/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Phillip <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Director - Medical		9 Employer (See Instructions) MAXIMUS, INC.
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Touchon, Heather <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr Manager - FinanceAcct		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wildey, Ameer <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MD - Ops		Employer (See Instructions) MAXIMUS, INC.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) MD - Project/Program		Employer (See Instructions) MAXIMUS, INC.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) MD - Project/Program		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 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Julia <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) MD - Project/Program		9 Employer (See Instructions) MAXIMUS, INC.
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) MD - Project/Program		Employer (See Instructions) MAXIMUS, INC.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) MD - Project/Program		Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) MD - Project/Program		Employer (See Instructions) MAXIMUS, INC.
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4 Date 05/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Julia <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$5.00
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Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) MD - Project/Program		Employer (See Instructions) MAXIMUS, INC.
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Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) MD - Project/Program		Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Julia <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 07/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Julia <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) MD - Project/Program		9 Employer (See Instructions) MAXIMUS, INC.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wubneh, Tirhas <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Assoc MD - Wrkfrs Svcs		Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wubneh, Tirhas <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Assoc MD - Wrkfrs Svcs		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wubneh, Tirhas <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Assoc MD - Wrkfrs Svcs		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wubneh, Tirhas <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Assoc MD - Wrkfrs Svcs		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: 130/132 Rpt: 133/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wubneh, Tirhas <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Assoc MD - Wrkfrs Svcs		9 Employer (See Instructions) MAXIMUS, INC.
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wubneh, Tirhas <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Assoc MD - Wrkfrs Svcs		Employer (See Instructions) MAXIMUS, INC.
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wubneh, Tirhas <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Assoc MD - Wrkfrs Svcs		Employer (See Instructions) MAXIMUS, INC.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaino, Yanelle <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - Federal Contracts		Employer (See Instructions) MAXIMUS, INC.
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaino, Yanelle <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - Federal Contracts		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: 131/132 Rpt: 134/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 04/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaino, Yanelle <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Sr VP - Federal Contracts		9 Employer (See Instructions) MAXIMUS, INC.
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaino, Yanelle <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - Federal Contracts		Employer (See Instructions) MAXIMUS, INC.
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaino, Yanelle <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - Federal Contracts		Employer (See Instructions) MAXIMUS, INC.
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaino, Yanelle <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - Federal Contracts		Employer (See Instructions) MAXIMUS, INC.
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaino, Yanelle <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sr VP - Federal Contracts		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: 132/132 Rpt: 135/139
2 FILER NAME MAXIMUS, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00043036
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaino, Yanelle <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Sr VP - Federal Contracts		9 Employer (See Instructions) MAXIMUS, INC.

Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaino, Yanelle <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$50.00
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Principal occupation / Job title (See Instructions) Sr VP - Federal Contracts	Employer (See Instructions) MAXIMUS, INC.
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PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 136/139

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: 137/139
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)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 138/139	2 FILER NAME MAXIMUS, Inc. Political Action Committee	3 Filer ID (Ethics Commission Filers) 00043036
4 Date 07/14/2025	5 Payee name Maximus, Inc. Political Action Committee	
6 Amount (\$) \$29,544.63 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1600 Tyson Blvd Suite 1400 McLean, VA 22102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer of Surplus Funds to Federal PAC	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transfer of Surplus Funds to Federal PAC
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC-DR

139 of 139

The Instruction Guide explains how to complete this form. ****Complete only if "Report Type" on page 1 is marked "Dissolution" ****

1 COMMITTEE NAME

MAXIMUS, Inc. Political Action Committee

2 Filer ID (Ethics Commission Filers)

00043036

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Mr. Dominic Corley

Signature of Campaign Treasurer

DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED

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