

## STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) OCT 1 6 2024

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

. Name of Lobbyist(s) Lindsey Howard			
II. Name of lobbyist's partnership, firm or corporati	on, if any:		
Maxim Healthcare Services, Inc.			
(Name of partnership, firm or corporation	1		
7227 Lee Deforest Drive Colu	ımbia	MD	21046
Business Address: (Street) (Town	City)	(State)	(Zip Code)
, 410-910-1500	e	<sub>-mail</sub> maxim@	venable.com
(Telephone)	(Fax)	-	
II. This statement covers: (Choose one – file separat	e reports for each c	lient, OR you ma	y file a separate rep
eportable expense transactions which are not attrib			-
All reportable transactions occurring in the months	vior to the reporting	data relative to the	a following client:
	nior to the reporting	date relative to the	e lollowing elicit.
Maxim Healthcare Services, Inc.			
(Full Name of Client as it appears of	n the Lobbyist Registra	ition Form)	
All reportable transactions by the lobbyist (including	the lobbyist's family	), or the lobbying	firm listed below wh
nrelated to any particular client.	•	, ,	•
CV. Date of Report  April 24, 2024  Reports cover: activity from date of registration to 3/31/24  October 30, 2024  activity from 7/1/24 to 9/30/24	activity from 4 Januar	1, 2024 1/1/24 to 6/30/24 y 29, 2025 10/1/24 to 12/31/24	
V. There have been no fees received and no report this box is checked, complete just this form and submit that House, Room 204, Concord, NH 03301.			
VI. Check if additional reports are attached:			
If you have received fees or made expenditures, you			
If you have paid an honorarium or reimbursed expe Expense Reimbursement	nses, you must file A	ddendum B–Rep	oort of Honorariums o
If you, your firm, or your family has made political	contributions you m	ust file Addendu	m C– Political Contril
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 66 and complete to the best of my knowledge and belief.	4 and hereby swear o	or affirm that the fo	oregoing information
2 ly WH	10/	14/2024	
(Signature Clobbyist)		(Date	e)
Lindsey Howard			
(Print Name of lobbyist)			