STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 15 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

| I. Name of Lobbyist(s) Lindsey Howard | | DELACTRICA |
|--|---|-------------------------|
| II. Name of lobbyist's partnership, firm or corporation, if | anv. | |
| | any. | |
| Maxim Healthcare Services, Inc | | |
| (Name of partnership, firm or corporation) | hio MD | 21046 |
| 7227 Lee Deforest Drive Colum | | |
| Business Address: (Street) (Town/City) | (State) | (Zip Code) |
| () 410-910-1500 () (Formula () (Formula () (Formula () () (Formula () () () () () () () () () (| e-mail <u>maxime</u> | venable.com |
| (Telephone) (Fi | ax) | |
| III. This statement covers: (Choose one - file separate rep | | y file a separate repor |
| reportable expense transactions which are not attributable | e to any one chent). | |
| All reportable transactions occurring in the months prior | to the reporting date relative to th | e following client: |
| Maxim Healthcare Services, Inc | | - |
| (Full Name of Client as it appears on the | Labbuist Registration Form | _ |
| OR | Pooralist resignation Louini | · |
| All reportable transactions by the lobbyist (including the lo | obbyist's family), or the lobbying | firm listed below which |
| unrelated to any particular client. | | |
| | | |
| IV. Date of Report April 30, 2025 | July 30, 2025 activity from 4/1/25 to 6/30/25 | |
| Reports cover: activity from date of registration to 3/31/25 | | |
| October 29, 2025 $\boxed{\checkmark}$ activity from 7/1/25 to 9/3 θ /25 | January 28, 2026 activity from 10/1/25 to 12/31/25 | • |
| uctivity from 11220 to 7100/25 | | |
| V. There have been no fees received and no reportal | ole transactions made since t | he last report. |
| If this box is checked, complete just this form and submit it to | the Secretary of State's Office, 1 | 07 North Main Street, |
| State House, Room 204, Concord, NH 03301. | | |
| VI. Check if additional reports are attached: | | |
| If you have received fees or made expenditures, you mus | et file Addendum A-Fees and E | xpenses |
| If you have paid an honorarium or reimbursed expenses, | you must file Addendum B-Re | port of Honorariums or |
| Expense Reimbursement | | |
| If you, your firm, or your family has made political conti | ributions, you must file Addendu | m C– Political Contribu |
| | | |
| | | |
| Sworn Statement/Affirmation by Lobbyist | 11 1 CC | Ciiiiii |
| I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and and complete to the best of my knowledge and belief. | i hereby swear or affirm that the | oregoing information is |
| 2174141 | 10/10/2025 | |
| (C) when at their (C) | | tal |
| (Signature of lobbyist) | (Da | (c) |
| Lindsey Howard | 1 | |
| (Print Name of lobbyist) | | |