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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MAXIM HEALTHCARE SE	ERVICES INC POLIT	ICAL ACTION COMMIT	ΓΕΕ (MAXIM HEALTHCARE PAC)
ADDRESS (number and street)	7227 Lee Deforest Drive		
Check if different than previously reported. (ACC)	Columbia		MD 21046 -
2. FEC IDENTIFICATION NUM	BER ▼ CIT	Y A	STATE ▲ ZIP CODE ▲
C C00558932	3. IS	THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6)	(Non-Election Year Only)
April 15 Quarterly Report (Q1)		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (Q3)	Tiopert les unes	M M / D D /	Y Y Y Y in the
January 31 Year-End Report (YE)	Election		State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on/	in the State of
5. Covering Period 01	01 2017	through 06	30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this I	Report and to the best of DeFronzo, Christopher, , ,	my knowledge and belief it is t	rue, correct and complete.
Signature of Treasurer DeFronz	o, Christopher, , ,	[Electronically Filed]	Date 07 / 31 / 2017
NOTE: Submission of false, erroneou	us, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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Page 2

Write or Type Committee Name

Report Covering the Period: From: 01	/ DD D / Y Y Y Y Y Y Y Y TO:	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1, 2017		20682.52
(b) Cash on Hand at Beginning of Reporting Period	20682.52	
(c) Total Receipts (from Line 19)	25003.96	25003.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45686.48	45686.48
. Total Disbursements (from Line 31)	26777.00	26777.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18909.48	18909.48
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
O. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multicand	lidate committee. (see FEC FORM 1M)	
Fo	or further information contact:	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

R	eport Covering the Period: From:		06 30 2017
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	18164.96	18164.96
	(ii) Unitemized(iii) TOTAL (add	6839.00	6839.00
	Lines 11(a)(i) and (ii)	25003.96	25003.96
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	25003.96	25003.96
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	25003.96	25003.96
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	25003.96	25003.96

DETAILED SUMMARY PAGE

of Disbursements

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	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	erating Expenditures:	iotal filio i eliou	Caleliuai Teal-to-Date
(a)	Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating	177.00	177.00
(0)	Expenditures	177.00	177.00
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	177.00	177.00
Tra	nsfers to Affiliated/Other Party	177.00	177.00
	mmittees	0.00	0.00
	ntributions to	4 4	4 4
and	deral Candidates/Committees d Other Political Committees	6000.00	6000.00
Ind	ependent Expenditures		4 4
(us	e Schedule E)ordinated Party Expenditures	0.00	0.00
(52	U.S.C. § 30116(d))	200	
(us	e Schedule F)	0.00	0.00
Loo	on Denouments Made	0.00	
LOS	an Repayments Made	0.00	0.00
Los	ans Made	0.00	0.00
Ref	funds of Contributions To:	0.00	0.00
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees	4 4	
	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
Oth	ner Disbursements (Including		
	n-Federal Donations)	20600.00	20600.00
	, i	4 4	4 4
	deral Election Activity (52 U.S.C. § 30101(2)	0))	
(a)	Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)		0.00	0.00
(-)	Entirely With Federal Funds	0.00	0.00
(c)	Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	ŕ	4 4	4 4
Tota	al Disbursements (add Lines 21(c), 22,		
	24, 25, 26, 27, 28(d), 29 and 30(c))	26777.00	26777.00
		4 25.1.100	4 4 4
	al Federal Disbursements		
	btract Line 21(a)(ii) and Line 30(a)(ii)		
tror	m Line 31)	26777.00	26777.00

DETAILED SUMMARY PAGE

of Disbursements

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		3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25003.96	25003.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25003.96	25003.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	177.00	177.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	177.00	177.00

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Andrews, Haven, , , Date of Receipt Mailing Address 2 Tatnuck Ter 2017 City Zip Code State Transaction ID: SA11AI.13627 MA Worcester 01602 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Apperson, Kevin, D,, Date of Receipt Mailing Address 2235 Eutaw Place 2017 City State Zip Code Transaction ID: SA11AI.13654 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing 780.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Chief Information Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 780.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Beams, Michael, I, Date of Receipt Mailing Address 3035 Panama Avenue 30 2017 City State Zip Code Transaction ID: SA11AI.13680 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bigelow, Patricia, L, , Date of Receipt Mailing Address 139 Suburban Road 2017 City Zip Code State Transaction ID: SA11AI.13812 TN Knoxville 37923 Amount of Each Receipt this Period FEC ID number of contributing C 270.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP of Clinical Ops. Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 2017 City State Zip Code Transaction ID: SA11AI.13838 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Burke, Steven, L, , Date of Receipt Mailing Address 701 W Hampton Ave 17 2017 Zip Code City State Transaction ID: SA11AI.13925 IL Loves Park 61111 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 780.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Carbone, Raymond, A,, Date of Receipt Mailing Address 367 Berkshire Drive 2017 City Zip Code State Transaction ID: SA11AI.14003 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing 780.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Financial Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crawn, Susan, K,, Date of Receipt Mailing Address 1045 Braewick Cir. NW 2017 City State Zip Code Transaction ID: SA11AI.14130 Massillon OH 44646 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cupples, Jason, R., Date of Receipt Mailing Address 7831 Verona Dr 30 2017 City State Zip Code Transaction ID: SA11AI.14176 MI Byron Center 49315 Amount of Each Receipt this Period FEC ID number of contributing C 390.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 1430.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DePriest, Jarrod, , , Date of Receipt Mailing Address 2251 Wild Plains Circle 2017 City State Zip Code Transaction ID: SA11AI.14255 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 780.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Ensor, Micah, , , Date of Receipt Mailing Address 6965 Old River Road 2017 City State Zip Code Transaction ID: SA11AI.14308 Nashville TN 37209 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Feldman, Amy, , , Date of Receipt Mailing Address 10711 Huntwood Drive 30 2017 City State Zip Code Transaction ID: SA11AI.14334 MD Silver Spring 20901 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional).....

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

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10 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fernie, Elizabeth, D, , Date of Receipt Mailing Address 130 Cheswood Manor Dr 2017 City Zip Code State Transaction ID: SA11AI.14360 TX The Woodlands 77382 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Florio, Damian, L, , Date of Receipt Mailing Address 2736 N Hampden Ct 2017 #204 City State Zip Code Transaction ID: SA11AI.14387 IL Chicago 60614 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Frank, Kris, , , Date of Receipt Mailing Address 4771 Marlborough Way 30 2017 City State Zip Code Transaction ID: SA11AI.14388 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 760.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Friedell, Andrew, , , Date of Receipt Mailing Address 7227 Lee Deforest Drive 2017 City Zip Code State Transaction ID: SA11AI.14389 MD Columbia 21046 Amount of Each Receipt this Period FEC ID number of contributing 780.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Govt Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gehman, Robert, K, , Jr Date of Receipt Mailing Address 229 Treherne Road 2017 City State Zip Code Transaction ID: SA11AI.14391 Lutherville MD 21093 Amount of Each Receipt this Period FEC ID number of contributing 520.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Goad, Garrett, Ryan, , Date of Receipt Mailing Address 4734 Crater Rim Rd 30 2017 City State Zip Code Transaction ID: SA11AI.14392 CA Carlsbad 92010 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 1560.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hughes, Laura, L, , Date of Receipt Mailing Address 19914 Gunpowder Road 2017 City Zip Code State Transaction ID: SA11AI.14399 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 780.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kelly, Bart, A,, Date of Receipt Mailing Address 13715 Summer Hill Dr. 2017 City State Zip Code Transaction ID: SA11AI.14401 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing 520.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President-Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Kile, Justin, , , Date of Receipt Mailing Address 8707 Marburg Manor Drive 30 2017 Zip Code State Transaction ID: SA11AI.14402 MD Lutherville Timonium 21093 Amount of Each Receipt this Period FEC ID number of contributing 240.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc National Director of Program Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 1540.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Langley, William, J,, Date of Receipt Mailing Address 302 Bennett Street 2017 City Zip Code State Transaction ID: SA11AI.14407 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing 650.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 2017 City State Zip Code Transaction ID: SA11AI.14408 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing 780.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 780.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Liberty, Anthony, , , Date of Receipt Mailing Address 2745 Cordgrass Street 30 2017 City State Zip Code Transaction ID: SA11AI.14409 FL Oviedo 32765 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 1690.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Markewicz, Jeremy, T.,, Date of Receipt Mailing Address 2678 Westbreeze Dr 2017 City Zip Code State Transaction ID: SA11AI.15207 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 250.12 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.12 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martinez, Jadd, A, , Date of Receipt Mailing Address 3145 Calle Jazmin 2017 City State Zip Code Transaction ID: SA11AI.15208 San Luis Obispo CA 93401 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Middleton, Deeley, C, Date of Receipt Mailing Address 213 St Dunstans Road 30 2017 City Zip Code State Transaction ID: SA11AI.15212 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing C 749.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 749.84 Other (specify) 1259.96 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Eric, Dwain, , Date of Receipt Mailing Address 1406 Hemlock Hill Dr 2017 City Zip Code State Transaction ID: SA11AI.15213 NC Durham 27703 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Miller, Natalie, M., Date of Receipt Mailing Address 14057 Montecello Dr 2017 City State Zip Code Transaction ID: SA11AI.15214 MD Cooksville 21723 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moore, Jeffrey, A, Date of Receipt Mailing Address 250 Worthy Drive 30 2017 City Zip Code State Transaction ID: SA11AI.15215 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc National Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 780.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moran, Robert, J,, Date of Receipt Mailing Address 6430 Blenheim Road 2017 City Zip Code State Transaction ID: SA11AI.15217 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Murphy, Daniel, L,, Date of Receipt Mailing Address PO Box 82 2017 City State Zip Code Transaction ID: SA11AI.15218 MO Chesterfield 63006 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Professional Recruiter - Govt Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 30 2017 City Zip Code State Transaction ID: SA11AI.15221 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 780.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Peaslee, Robert, B, , Date of Receipt Mailing Address 210 Bentwood Ct 2017 City Zip Code State Transaction ID: SA11AI.15224 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 247.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 247.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2017 City State Zip Code Transaction ID: SA11AI.15226 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing 728.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 728.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Riddle, Laura, J, Date of Receipt Mailing Address 39 Blake Rd. 30 2017 City Zip Code State Transaction ID: SA11AI.15229 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing C 650.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) 1625.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rozelle, Christopher, M,, Date of Receipt Mailing Address 5652 Sandstone Dr 2017 City Zip Code State Transaction ID: SA11AI.15231 Pace FL 32571 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Schevitz, Charles, M,, Date of Receipt Mailing Address 204 Ritterslea Court 2017 City State Zip Code Transaction ID: SA11AI.15232 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Director - Employee Rel Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 30 2017 City Zip Code State Transaction ID: SA11AI.15234 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 770.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2017 City Zip Code State Transaction ID: SA11AI.15236 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smalley, John, P,, Date of Receipt Mailing Address 4535 N Camino del Obispo 2017 City State Zip Code Transaction ID: SA11AI.15237 ΑZ Tucson 85718 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Speer, Nathan, , , Date of Receipt Mailing Address 524 Toledo Dr 30 2017 City State Zip Code Transaction ID: SA11AI.15240 PΑ Lowe Burrell 15068 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director - National Accounts** Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 780.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wallace, Daniel, P,, Date of Receipt Mailing Address 424 Brewer Ave. 2017 City Zip Code State Transaction ID: SA11AI.15252 OH Akron 44305 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wilkinson, Matthew, J,, Date of Receipt Mailing Address 813 Foxfire Dr 2017 City State Zip Code Transaction ID: SA11AI.15255 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Womack, Brian, , , Date of Receipt Mailing Address 7807 Empire Ct 30 2017 City Zip Code State Transaction ID: SA11AI.15257 OH Toledo 43528 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 780.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
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MAXIM HEALTHCARE SERVICES INC	POLITICAL ACTION (COMMITTEE	(MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial)						
A. ANDY HARRIS FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 604			01 17 2017			
Mailing Address 1 O BOX 004			01 17 2017			
,	itate Zip Code		FEC Identification Number			
BEL AIR Purpose of Disbursement	MD 21014		000405074			
Political Contribution		011	C C00435974			
Candidate Name		Category/	Transaction ID: SB23.15261 Amount of Each Disbursement this Period			
HARRIS, ANDREW, P, , Office Sought: Y House Disbursem	ant For: 0040	Type	1000.00			
	nent For: 2018 Primary General		100.00			
	Other (specify) ▼		Memo Item			
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Full Name (Last, First, Middle Initial)			Date of Disbursement			
B. NRCC			M M / D D / Y Y Y Y			
Mailing Address 320 FIRST STREET SE			01 25 2017			
City.	State Zip Code					
,	State Zip Code DC 20003		FEC Identification Number			
Purpose of Disbursement Political Contribution			C C00075820			
Candidate Name		011	Transaction ID : SB23.15264			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disbursem	nent For:	.,,,,,	5000.00			
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	MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION (COMMITT	EE (MAXIM HEALTHCARE PAC)			
_	Full Name (Last, First, Middle Initial)				5 . (5)			
Α.	Bill Schuette for Michigan				Date of Disbursement			
	Mailing Address PO Box 12337				06 28 2017			
		State	Zip Code		FEC Identification Number			
	Lansing Purpose of Disbursement	MI	48901					
	Nonfederal Political Contribution			011	C			
	Candidate Name				Transaction ID : SB29.15308 Amount of Each Disbursement this Period			
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	Office Sought: House Disburser	ment For:			1000.00			
	Senate	Primary	General					
	President State: District:	Other (spec	city) 🔻		Memo Item			
_	Full Name (Last, First, Middle Initial)							
В.	Brian Calley for Michigan				Date of Disbursement			
					M M / D D / Y Y Y Y			
	Mailing Address PO Box 16173				06 28 2017			
	,	State Zip Code			FEC Identification Number			
	Lansing Purpose of Disbursement	MI	48901					
	Nonfederal Political Contribution	011 Category/ Type			C			
	Candidate Name				Transaction ID : SB29.15306 Amount of Each Disbursement this Period			
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	President State: District:	Other (spec	ciry)		Memo Item			
_	Full Name (Last, First, Middle Initial)							
C.	Chris Afendoulis for State House				Date of Disbursement			
	Mailing Address 240 Edgehill Ave SE				06 28 2017			
	City	State	Zip Code		FEC Identification Number			
	Grand Rapids	MI	49546					
	Purpose of Disbursement Nonfederal Political Contribution			011	C			
	Candidate Name			011	Transaction ID : SB29.15268			
				Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disburser	ment For:		71	500.00			
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	President	Other (spec	cify) 🔻		Memo Item			
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NAME	E OF COMMITTEE (In Full) KIM HEALTHCARE SERVICES INC						
Full N	Jame (Last, First, Middle Initial)						
	nmittee to Elect Edward Canfie	eld			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
					00 20 2017		
City	waing	State MI	Zip Code 49759		FEC Identification Number		
	se of Disbursement ederal Political Contribution			011	C		
Candi	date Name			Category/ Type	Transaction ID: SB29.15279 Amount of Each Disbursement this Period		
Office	Sought: House Disburse Senate President	ment For: Primary Other (spec	General		250.00		
State:		Other (spec	Sily) ▼		Memo Item		
B. Cor	lame (Last, First, Middle Initial) mmittee to Elect Jeff Yaroch for	r State R	ер.		Date of Disbursement		
	Mailing Address 35545 Pound Road		7. 0.1		06 28 2017		
	nond use of Disbursement	State VA	Zip Code 48062		FEC Identification Number		
	federal Political Contribution date Name	Category/			Transaction ID : SB29.15277 Amount of Each Disbursement this Period		
Office	Senate	ment For:	General	Nr.	250.00		
State:	President District:	Other (spec	cify)		Memo Item		
_	lame (Last, First, Middle Initial) nmittee to Elect John Bizon for		Date of Disbursement				
Mailin	g Address 5420 A Beckley Road #349		06 28 2017				
	Creek	State MI	Zip Code 49015		FEC Identification Number		
Nonf	se of Disbursement dederal Political Contribution			011	Transaction ID : SB29.15269		
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Full Name (Last, First, Middle Initial)							
A. Committee to Elect Peter MacGre	egor for	State Senate)	Date of Disbursement			
	-			M M / D D / Y Y Y Y Y			
Mailing Address 12759 W. Greenfield				06 28	2017		
City	State	Zip Code		FEC Identification Numb	er		
Grand Ledge	MI	48837					
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B. Compete Michigan				Date of Disbursement			
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Mailing Address 113 W. Michigan Ave.				20	2017		
City	State	Zip Code		FEC Identification Numb	er		
Jackson Purpose of Disbursement	MI	49201		C			
Nonfederal Political Contribution			011		20.45297		
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C. Curtis Hertel Jr for Senate				Date of Disbursement	Y		
Mailing Address 2747 Southwood Dr				06 28	2017		
City	Ctctc	Zin Oad-					
City East Lansing	State MI	Zip Code 48823		FEC Identification Numb	er		
Purpose of Disbursement Nonfederal Political Contribution	-			С			
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President	Other (sp	ecify) 🔻		Memo Item			
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SUBTOTAL of Disbursements This Page (optional)				2500.00		
335 (681101101)	,			7 7	75		
TOTAL This Period (last page this line number on	lv)						

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 27 OF 31			
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	· _ ·			
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b			
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NAME OF COMMITTEE (In Full)							
MAXIM HEALTHCARE SERVICES INC	POLITIC/	AL ACTION C	OMMITTEE	E (MAXIM HEALTHCARE PAC)			
/							
Full Name (Last, First, Middle Initial)				Date of Disbursement			
A. Dave Hildenbrand for State Senate)						
Mailing Address PO Box 1075				06 28 2017			
,	State	Zip Code		FEC Identification Number			
Grand Rapids Purpose of Disbursement	MI	49331					
Nonfederal Political Contribution			011	C			
Candidate Name			Category/	Transaction ID : SB29.15285 Amount of Each Disbursement this Period			
			Type	Amount of Each disbursement this Feriou			
Office Sought: House Disburser	ment For:			500.00			
Senate	Primary	General					
President	Other (spec	ify) 🔻		Memo Item			
Full Name (Last, First, Middle Initial)							
B. David Knezek for State Senate				Date of Disbursement			
- David Miezek for State Seriate				M M / D D / Y Y Y Y			
Mailing Address PO Box 867				06 28 2017			
City Dearborn Heights	State Zip Code MI 48127			FEC Identification Number			
Purpose of Disbursement				C			
Nonfederal Political Contribution				Transaction ID : SB29.15292			
Candidate Name			Category/	Amount of Each Disbursement this Period			
			Type	500.00			
	nent For: Primary General Other (specify)			500.00			
Senate President							
State: District:	C (OP C C	,		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Dr. Henry Vaupel for State Rep Co	mmittee			Date of Disbursement			
				M M / D D / Y Y Y Y			
Mailing Address PO Box 363				06 28 2017			
City	State	Zip Code					
Fowlerville	MI	48836		FEC Identification Number			
Purpose of Disbursement Nonfederal Political Contribution							
			011	Transaction ID : SB29.15275			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburser	nent For		Туре	500.00			
Senate	Primary	General		7 7 7			
President	Other (spec	:ify) ▼		Memo Item			
State: District:				Monto Rom			
				(500.00			
SUBTOTAL of Disbursements This Page (optional)			······································	1500.00			
TOTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 28 OF 31			
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(oricon oring				
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b			
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NAME OF COMMITTEE (In Full)							
MAXIM HEALTHCARE SERVICES IN	C POLITI	CAL ACTION (COMMITTEE	(MAXIM HEALTHCARE PAC)			
<u> </u>							
Full Name (Last, First, Middle Initial) A. John Proos for State Senate				Date of Disbursement			
Julii Floos Iul State Sellate				M M / D D / Y Y Y Y			
Mailing Address PO Box 271				06 28 2017			
0"	10	7: 0 :					
City St. Joseph	State MI	Zip Code 49085		FEC Identification Number			
Purpose of Disbursement		1.5555		C			
Nonfederal Political Contribution			011	Transaction ID : SB29.15294			
Candidate Name			Category/	Amount of Each Disbursement this Per	riod		
Office Sought: House Disburs	sement For:		Туре	500.00			
Senate Disburs	Primary	General		500.00	_		
President	Other (sp			Memo Item			
State: District:				Womo kem			
Full Name (Last, First, Middle Initial)				5.4 (5:4			
B. Laura Cox for State Rep.				Date of Disbursement			
Mailing Address PO Box 531392				06 28 2017			
					4		
City	State	Zip Code		FEC Identification Number			
Livonia Purpose of Disbursement	MI	48153		Transaction ID : SB29.15273 Amount of Each Disbursement this Period			
Nonfederal Political Contribution			011				
Candidate Name			Category/				
25			Туре				
Office Sought: House Disburs Senate	ement For:	General		500.00	_		
President	Other (sp						
State: District:		,,		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Margaret O'Brien for State Senate	е			Date of Disbursement			
Mailing Address PO Box 2318				06 28 2017	1		
Mailing Address PO BOX 2318				20 2017	1		
City	State	Zip Code		FEC Identification Number			
Portage Purpose of Disbursement	MI	49081					
Nonfederal Political Contribution			011	C			
Candidate Name			Category/	Transaction ID : SB29.15290 Amount of Each Disbursement this Per	riod		
			Type				
	sement For:			1000.00	Ш		
Senate President	Other (sp.	General					
State: District:	Other (sp	Gony) ▼		Memo Item			
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 29 OF 31			
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(orlook orn)		00		
		Summary Page	21b 28a	22 23 28c x	26 27 29 30b		
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NAME OF COMMITTEE (In Full)							
MAXIM HEALTHCARE SERVICES IN	IC POLITION	CAL ACTION (COMMITTEE	(MAXIM HEALTHO	CARE PAC)		
Full Name (Last, First, Middle Initial)							
A. Marleau for Michigan				Date of Disbursement			
Mailing Address 1942 Lac DuMont				06 28	2017		
City Haslett	State MI	Zip Code 48840		FEC Identification Nu	mber		
Purpose of Disbursement				С			
Nonfederal Political Contribution			011	Transaction ID :	SB29.15283		
Candidate Name			Category/ Type	Amount of Each Disb	ursement this Period		
Office Sought: House Disbur	sement For:		туре		500.00		
Senate	Primary	General					
State: District:	Other (spe	ecity) 🔻					
Full Name (Last, First, Middle Initial)							
B. Michigan House Democratic Fur	nd			Date of Disbursement	t		
Mailing Address P.O. Box 16193				06 28	2017		
City	Otata	Zin Codo					
City Lansing	State MI	Zip Code 48901		FEC Identification Nu	mber		
Purpose of Disbursement Nonfederal Political Contribution				C			
Candidate Name			011	Transaction ID :	SB29.15300		
Candidate Name			Category/ Type	Amount of Each Disbursement this Po			
Office Sought: House Disbur	sement For:		1,700		1000.00		
Senate	Primary	General					
President State: District:	Other (spe	ecity)		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Michigan House Republican Can	npaign Co	ommittee		Date of Disbursement			
Mailing Address P.O. Box 15035				06 28	2017		
City	State	Zip Code		FEC Identification Nu	mher		
Lansing Purpose of Disbursement	MI	48901					
Nonfederal Political Contribution			011	Transaction ID :	SB29.15298		
Candidate Name			Category/ Type	Amount of Each Disb	ursement this Period		
Office Sought: House Disbur	sement For:		1,900		1000.00		
Senate	Primary	General					
State: District:	Other (spe	ecify) 🔻		Memo Item			
Side. Biodifot.							
SUBTOTAL of Disbursements This Page (optional	l)		·····•		2500.00		
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SCHEDULE B (FEC Form 3X)					NUMBER: PAGE 30 OF 31		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check only	′	7		
			21b 28a	22 23 28c x	26 27 29 30b		
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NAME OF COMMITTEE (In Full)							
MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION C	OMMITTEE	(MAXIM HEALTH	ICARE PAC)		
<u>/</u>							
Full Name (Last, First, Middle Initial) A. Michigan Senate Democratic Fund	Date of Disburseme	ant					
A. Michigan Senate Democratic Fund	M M / D D	/ Y Y Y Y					
Mailing Address P.O. Box 11111		06 28	2017				
•	State MI	Zip Code		FEC Identification N	lumber		
Lansing Purpose of Disbursement	IVII	48909					
Nonfederal Political Contribution	Transaction ID : SB29.15304						
Candidate Name	Category/		: SB29.15304 sbursement this Period				
	Type						
Office Sought: House Disbursement For:				1000.00			
Senate President	Senate Primary General President Other (specify) ▼						
State: District:	Other (spec	Sily) ▼	Memo Item				
Full Name (Last, First, Middle Initial)							
B. Michigan Senate Republican Cam	Date of Disbursement						
	M M / D D / Y Y Y Y						
Mailing Address P.O. Box 12023	06 28 2017						
City	State	Zip Code		=======================================			
Lansing MI 48901				FEC Identification Number			
Purpose of Disbursement Nonfederal Political Contribution							
Candidate Name	Transaction ID						
Candidate Manie	Amount of Each Dis	sbursement this Period					
Office Sought: House Disburser	ment For:		Туре		1000.00		
Senate	7	4					
President	Memo Item						
State: District:							
Full Name (Last, First, Middle Initial) C. Moving Michigan Forward Fund II				Date of Disburseme	ent		
or Moving Michigan Forward Fund II	M M / D D	/ Y Y Y Y Y					
Mailing Address 106 W. Allegan St., Ste. 200	06 28	2017					
City	04-4-	Zin Codo					
City :	State MI	Zip Code 48933		FEC Identification N	lumber		
Purpose of Disbursement	С						
Nonfederal Political Contribution	Transaction ID	: SB29.15281					
Candidate Name	Amount of Each Dis	sbursement this Period					
Office Sought: House Disburser		500.00					
Senate Senate		4					
President	Memo Item						
State: District:				L World Rem			
					2500.00		
SUBTOTAL of Disbursements This Page (optional)			·····•		2500.00		
TOTAL This Period (last page this line number only)	1						

SCHEDULE B (FEC Form 3X)	FOR LINE			NUMBER: PAGE 31 OF 31	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check only		
			21b 28a	22 23 26 27 28b 28c x 29 30b	
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or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
$ \; angle$ MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION C	COMMITTEE	(MAXIM HEALTHCARE PAC)	
Full Name (Last, First, Middle Initial)					
A. NJ Home Care and Hospice PAC	Date of Disbursement				
	M M / D D / Y Y Y Y				
Mailing Address 485 Rte. 1 South, Suite 210				06 28 2017	
City	State Zip Code			FEC Identification Number	
Iselin	NJ	08830			
Purpose of Disbursement Nonfederal Political Contribution 011				C	
Candidate Name	Transaction ID : SB29.15310 Amount of Each Disbursement this Period				
Sandidato Harro	Category/ Type				
Office Sought: House Disbursement For:				3000.00	
Senate					
State: District:	Other (spec	cify) 🔻		Memo Item	
Full Name (Last, First, Middle Initial)					
B. Ohio House Republican Organizat	ional Co	mmittee		Date of Disbursement	
Office House Republican Organizat	M M / D D / Y Y Y Y				
Mailing Address 4679 Winterset Dr				03 15 2017	
,	State	Zip Code		FEC Identification Number	
Columbus OH 43220 Purpose of Disbursement					
Nonfederal Political Contribution	C				
Candidate Name	Transaction ID : SB29.15266 Amount of Each Disbursement this Period				
			Category/ Type		
Office Sought: House Disburser	2500.00				
Senate President					
State: District:	Memo Item				
Full Name (Last, First, Middle Initial)					
C. Tom Leonard for State Rep.	Date of Disbursement				
Mailing Address PO Box 261	06 28 2017				
				2011	
,	State MI	Zip Code 48820		FEC Identification Number	
DeWitt Purpose of Disbursement					
Nonfederal Political Contribution	C Transaction ID : SP20 45274				
Candidate Name	Transaction ID: SB29.15271 Amount of Each Disbursement this Period				
			Category/ Type	500.00	
Office Sought: House Disburser	500.00				
Senate President					
State: District:	Other (spec	j) ♥		Memo Item	
SUBTOTAL of Disbursements This Page (optional)				6000.00	
TOTAL This Period (last page this line number only)				20500.00	