PAGE 1 / 27

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				Office Use Only	
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example: If typin over the lines.	g, type	2FE4M5	
MAXIM HEALTHCARE SE	RVICES INC POLIT	ICAL ACTION C	OMMITTEE	(MAXIM HEALTHO	CARE PAC)
ADDRESS (number and street)	227 Lee Deforest Drive				
Check if different					
than previously reported. (ACC)	Columbia		N	1D 21046	
2. FEC IDENTIFICATION NUMB	SER ▼ CITY	(▲	STA	TE ▲ ZIP C	ODE 🛦
C C00558932	3. IS		EW N) <b>OR</b>	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:	Due On:	20 (M3) J	un 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 2	20 (M4) J	ul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day	Primary (12P	) *	General (12G)	Runoff (12R)
July 15 Quarterly Report (Q2)	PRE-Election Report for the:	Convention (	12C)	Special (12S)	
October 15 Quarterly Report (Q3)					
January 31 Year-End Report (YE)	Election	on 11 /		in the 2018 State	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G	i)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	M M /	D D / Y	in the	
5. Covering Period 10	01 2018	through	M M /	17. 2018	
I certify that I have examined this R		my knowledge and b	elief it is true, c	correct and complete.	
Type or Print Name of Treasurer	DeFronzo, Christopher, , ,				
Signature of Treasurer	, Christopher, , ,	[Electronically	Filed] Date	10 / 25	2018
NOTE: Submission of false, erroneous	, or incomplete information	may subject the pers	on signing this F	Report to the penalties of 5	52 U.S.C. § 30109
Office Use Only				FEC FO	

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a	) Cash on Hand January 1, 2018		40386.90
(b	) Cash on Hand at Beginning of Reporting Period	51986.08	
(c	) Total Receipts (from Line 19)	2335.62	36549.80
(d	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54321.70	76936.70
Тс	otal Disbursements (from Line 31)	45542.00	68157.00
R	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	8779.70	8779.70
th	ebts and Obligations Owed <b>TO</b> e Committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations Owed BY e Committee (Itemize all on chedule C and/or Schedule D)	0.00	

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)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	1797.92	19024.48
(i) Itemized (use Schedule A)	1707.02	19024.40
(ii) Unitemized	537.70	17525.32
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	2335.62	36549.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4	4 4 4
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		00540.00
Totals to Line 33, page 5)▶	2335.62	36549.80
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
5. All Louis Hoodwar	4 4	4 4
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	75	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds	0.00	4 4
(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
O. Total Pagainta (add Lines 11/d)		
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	2335.62	36549.80
Total Federal Receipts     (subtract Line 18(c) from Line 19) ▶	2335.62	36549.80

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (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 Expenditures	42.00	42.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	42.00	42.00
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to     Federal Candidates/Committees     and Other Political Committees	20500.00	28500.00
I. Independent Expenditures (use Schedule E)	0.00	0.00
5. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
5. Loan Repayments Made	0.00	0.00
7. Loans Made	4 4	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other	0.00	1 1 1/5 1 1 1/5 1 1 1/5
Than Political Committees	0.00	15.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	15.00
). Other Disbursements (Including Non-Federal Donations)	25000.00	39600.00
<ol> <li>Federal Election Activity (52 U.S.C. § 30101)</li> <li>(a) Allocated Federal Election Activity</li> <li>(from Schedule H6)</li> </ol>	(20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	45542.00	68157.00
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	45542.00	68157.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page <b>5</b>
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)	2335.62	36549.80
34. Total Contribution Refunds (from Line 28(d))	0.00	15.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2335.62	36534.80
86. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	42.00	42.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	42.00	42.00

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE		6	OF		27
(check only one)											
	X	11a		11c		12					
		13		14		15		16	;		17

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 Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 2018 City Zip Code State Transaction ID: SA11AI.16422 KS Overland Park 66215 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Andrews, Haven, , , Date of Receipt Mailing Address 21 Harrisecket Rd 10 2018 City State Zip Code Transaction ID: SA11AI.16424 ME Kennebunk 04043 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Apperson, Kevin, D., Date of Receipt Mailing Address 2235 Eutaw Place 12 2018 City Zip Code State Transaction ID: SA11AI.16426 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 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 1200.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Use separate schedule(s) for each category of the

F	OR	LINE	NU	<b>MBER</b>	:	PAGE		7	OF		27
(check only one)											
	X	11a		11b	11c		12	2			
		13		14		15		16	6		17

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 Beams, Michael, I,, Date of Receipt Mailing Address 3035 Panama Avenue 2018 City Zip Code State Transaction ID: SA11AI.16428 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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 400.00 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 10 2018 City State Zip Code Transaction ID: SA11AI.16433 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Camp, Kelli, , , Date of Receipt Mailing Address 225 S. Harrison St, #410 05 2018 City State Zip Code Transaction ID: SA11AI.16581 CO Denver 80209 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Regional VP of Clinical Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 540.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FO	R LINE	NUMBER	:	PAGE		8	OF		27		
(check only one)											
X	11a	11b		11c		12					
	13	14		15		16			17		

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 2018 City Zip Code State Transaction ID: SA11AI.16439 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP Chief Financial Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Carter, Scott, , , Date of Receipt Mailing Address 2246 Cherokee Drive 10 2018 City State Zip Code Transaction ID: SA11AI.16441 MD Westminster 21157 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crawn, Susan, K, Date of Receipt Mailing Address 1045 Braewick Cir. NW 12 2018 City State Zip Code Transaction ID: SA11AI.16445 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 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 400.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

ı	FOF	R LINE	NUN	/IBER	:	PAGE		9	OF		27	
	(check only one)											
	×	11a	11c		12							
		13	1	14		15		16			17	

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 Cupples, Jason, R,, Date of Receipt Mailing Address 1347 Barcelona Court 2018 City Zip Code State Transaction ID: SA11AI.16446 MI Byron Center 49315 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DePriest, Jarrod, , , Date of Receipt Mailing Address 235 Buckboard Rd Apt A 10 2018 City State Zip Code Transaction ID: SA11AI.16450 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr. VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ensor, Micah, , , Date of Receipt Mailing Address 901 N Summerfield Dr 12 2018 City State Zip Code Transaction ID: SA11AI.16452 TN Madison 37115 Amount of Each Receipt this Period FEC ID number of contributing 6.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Dir of Continuous Improvement Receipt For: Aggregate Year-to-Date ▼ Primary General 386.00 Other (specify) 96.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

Use separate schedule(s) for each category of the

	FOR LINE NUMBER: PAGE 10 OF										
(check only one)											
	X	11a		11b	11c		12				
		13		14		15		16			17

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 Feldman, Amy, , , Date of Receipt Mailing Address 10711 Huntwood Drive 2018 City Zip Code State Transaction ID: SA11AI.16453 Silver Spring MD 20901 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Dir of Gov Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fernie, Elizabeth, D,, Date of Receipt Mailing Address 154 Blackswan Pl 10 2018 City State Zip Code Transaction ID: SA11AI.16454 The Woodlands TX 77354 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Friedell, Andrew, , , Date of Receipt Mailing Address 523A Epping Forrest Rd 12 2018 City Zip Code State Transaction ID: SA11AI.16456 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr. VP Strategic Solutions Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

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 Gehman, Robert, K, , Jr Date of Receipt Mailing Address 229 Treherne Road 2018 City Zip Code State Transaction ID: SA11AI.16458 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc SVP. - Continuous Improvement Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goad, Garrett, Ryan, , Date of Receipt Mailing Address 7723 Corte Promenade 10 2018 City State Zip Code Transaction ID: SA11AI.16459 Carlsbad CA 92009 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Hughes, Laura, L, Date of Receipt Mailing Address 19914 Gunpowder Road 12 2018 City Zip Code State Transaction ID: SA11AI.16464 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General 1225.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... \_\_\_

FOR LINE NUMBER: Use separate schedule(s) for each category of the

		LINE			:	PAGE	. ′	12	OF		27
(check only one)											
<b>X</b> 11a 11b						11c		12			
		13		14		15		16			17

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 Kelly, Bart, A,, Date of Receipt Mailing Address 1924 Rushley Road 2018 City Zip Code State Transaction ID: SA11AI.16467 MD Parkville 21234 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP - HR & Org. Development Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kile, Justin, , , Date of Receipt Mailing Address 8707 Marburg Manor Drive 10 2018 City State Zip Code Transaction ID: SA11AI.16468 Lutherville Timonium MD 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Nat'L Director of Program Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** King, John, , , Date of Receipt Mailing Address 4 Midway Road 12 2018 City State Zip Code Transaction ID: SA11AI.16469 MA Duxbury 02332 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc VP of Strategic Solutions BD Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

EOD LINE NUMBER: DAGE 12 OF Use separate schedule(s)

١,	OII	LIIVL	IVO	IVIDLI		IAGL	- '	10	Oi	
(check only one)										
	X	11a		11b	11c		12			
		13		14		15		16		17

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 2018 City Zip Code State Transaction ID: SA11AI.16471 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP Chief Medical Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 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. 10 2018 City State Zip Code Transaction ID: SA11AI.16472 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr. VP of Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Liberty, Anthony, , , Date of Receipt Mailing Address 2677 Sugar Pine Run 12 2018 City State Zip Code Transaction ID: SA11AI.16473 FL Oviedo 32765 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 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 400.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	•	14	OF	27
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

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 Lubowitz, Daniel, , , Date of Receipt Mailing Address 1900 17th Street NW 2018 City Zip Code State Transaction ID: SA11AI.16477 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director of State Affairs** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Markewicz, Jeremy, T., , Date of Receipt Mailing Address 2678 Westbreeze Dr 10 2018 City State Zip Code Transaction ID: SA11AI.16481 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing 19.24 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) 384.80 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Martinez, Jadd, A, Date of Receipt Mailing Address 488 Printz Rd 12 2018 City State Zip Code Transaction ID: SA11AI.16482 CA Arroyo Grande 93420 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 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 400.00 Other (specify) 59.24 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

ı	FOF	R LINE	NUMBER	:	PAGE	•	15 OF	=	27
ı	(che	ck only	one)						
	×	11a	11b		11c		12		
ı		13	14		15		16		17

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 Middleton, Deeley, C,, Date of Receipt Mailing Address 213 St Dunstans Road 2018 City Zip Code State Transaction ID: SA11AI.16486 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 57.68 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP Quality, Safety Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Miller, Eric, Dwain, , Date of Receipt Mailing Address 3429 Medford Rd 10 2018 City State Zip Code Transaction ID: SA11AI.16488 NC Durham 27705 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Miller, Natalie, M., Date of Receipt Mailing Address 14057 Montecello Dr 12 2018 City State Zip Code Transaction ID: SA11AI.16487 MD Cooksville 21723 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 97.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

F	OR	LINE	NU	IMBER	:	PAGE	•	16	OF	27
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

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 Murphy, Daniel, L, , Date of Receipt Mailing Address 13954 Baileyana Ln 2018 City State Zip Code Transaction ID: SA11AI.16490 CA San Diego 92130 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dir of Business Development Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 10 2018 City State Zip Code Transaction ID: SA11AI.16494 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Peaslee, Robert, B., Date of Receipt Mailing Address 210 Bentwood Ct 12 2018 City State Zip Code Transaction ID: SA11AI.16497 VASalem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 19.00 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 380.00 Other (specify) 59.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

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 Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2018 City Zip Code State Transaction ID: SA11AI.16499 Wilmington NC 28411 Amount of Each Receipt this Period FEC ID number of contributing C 56.00 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 1120.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Riddle, Laura, J, , Date of Receipt Mailing Address 39 Blake Rd. 10 2018 City State Zip Code Transaction ID: SA11AI.16500 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing 50.00 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) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Rosier, Collan, B, Date of Receipt Mailing Address 2025 Harbour Gates Dr 12 2018 #288 City State Zip Code Transaction ID: SA11AI.16502 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 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 290.00 Other (specify) 126.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	·	18 OF	=	27
(0	che	ck only	or	ne)						
	×	11a		11b		11c		12		
		13		14		15		16		17

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 2013 Powers Ferry Rd SE 2018 Apt C City Zip Code State Transaction ID: SA11AI.16503 GA Marietta 30067 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Reg Director - Product Support Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 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 10 2018 City State Zip Code Transaction ID: SA11AI.16504 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Simcox, Nichole, , , Date of Receipt Mailing Address 62 Ginger Tree Ct. 12 2018 City Zip Code State Transaction ID: SA11AI.16506 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

l	FC	R LINE	NUMBER	: PAGE	E 19 OF	27
l	(ch	neck only	/ one)			
l	,	<b>1</b> 1a	11b	11c	12	
l		13	14	15	16	17

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 Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2018 City Zip Code State Transaction ID: SA11AI.16507 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional VP - Reg Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 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 10 2018 City State Zip Code Transaction ID: SA11AI.16508 ΑZ Tucson 85718 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Stickles, Jeremy, D., Date of Receipt Mailing Address 411 Bainbridge St 12 2018 #148 City State Zip Code Transaction ID: SA11AI.16513 VARichmond 23224 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Field Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

EOD LINE NUMBER: PAGE 20 OF Use separate schedule(s)

	ОП	LIIVL	IVO	IVIDEN	-	IAGL	- 4	-0	Oi	
(0	he	ck only	or	ie)						
	×	11a		11b		11c		12		
		13		14		15		16		17

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 Sticklin, Matthew, A,, Date of Receipt Mailing Address 3410 Toone St 2018 City Zip Code State Transaction ID: SA11AI.16514 MD **Baltimore** 21224 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President of Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Whiting, Evan, , , Date of Receipt Mailing Address 1002 Woronoca Dr 10 2018 City State Zip Code Transaction ID: SA11AI.16521 VA Norfolk 23503 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Operations Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wilkinson, Matthew, J., Date of Receipt Mailing Address 813 Foxfire Dr 12 2018 City Zip Code State Transaction ID: SA11AI.16522 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Business Development Mgr** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

				MBER	:	PAGE	2	21	OF	27	
(0	che	ck only	or	ne)							
	X	11a		11b		11c		12			
		13		14		15		16		17	

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 Zdarko, Joel, , , Date of Receipt Mailing Address 1439 Harlan Dr. 2018 City Zip Code State Transaction ID: SA11AI.16525 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 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 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... 1797.92 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 <b>x</b> 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  MAXIM HEALTHCARE SERVICES INC			
Full Name (Last, First, Middle Initial)  A. ALEXANDER FOR SENATE 2020	INC		Date of Disbursement
Mailing Address 228 S WASHINGTON STREET SUITE 115			10 10 2018
ALEXANDRIA	State Zip Code VA 22314		FEC Identification Number
Purpose of Disbursement Political Contribution  Candidate Name		011	C C00383745  Transaction ID : SB23.16551  Amount of Each Disbursement this Period
ALEXANDER, LAMAR, , ,  Office Sought: House Disbursem	nent For: 2020	Category/ Type	2500.00
President	Primary General Other (specify) ▼		Memo Item
State: TN District: 00  Full Name (Last, First, Middle Initial)  B. ANDY HARRIS FOR CONGRESS  Mailing Address PO BOX 604			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code MD 21014		FEC Identification Number
Purpose of Disbursement Political Contribution  Candidate Name		011	C C00435974  Transaction ID : SB23.16574
HARRIS, ANDREW, P, ,		Category/ Type	Amount of Each Disbursement this Period
Senate	nent For: 2018  Primary		1000.00
State: MD District: 01			Memo Item
Full Name (Last, First, Middle Initial)  C. BEN CARDIN FOR SENATE, INC.			Date of Disbursement
Mailing Address P.O. BOX 21093			10 10 2018
,	State Zip Code MD 21228		FEC Identification Number  C C00411587
Candidate Name CARDIN, BENJAMIN L, , ,	O11 Category/ Type	Transaction ID: SB23.16546 Amount of Each Disbursement this Period	
Office Sought:  House Senate President  Disbursem	nent For: 2018  Primary	Nr.	2500.00 Memo Item
State: MD District: 00			
SUBTOTAL of Disbursements This Page (optional)		·····•	6000.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)			T	DACE 22 OF 27
,	Use sepa	arate schedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS		category of the	21b	22 🗶 23 26 27
	Detailed	Summary Page	28a	28b 28c 29 30b
Any information copied from such Reports and State	ements may	not be sold or us	ed by any perso	on for the nurnose of soliciting contributions
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
MAXIM HEALTHCARE SERVICES INC	C POLITIC	CAL ACTION C	COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)				Data of Diaburgament
A. DCCC				Date of Disbursement
Mailing Address 430 SOUTH CAPITOL STREET,	SF			10 10 2018
2ND FLOOR				
City	State	Zip Code		FEC Identification Number
WASHINGTON Purpose of Disbursement	DC	20003		
Political Contribution			011	C C00000935
Candidate Name				Transaction ID : SB23.16545  Amount of Each Disbursement this Period
			Category/ Type	Amount of Lacif Disbursement this Fellou
Office Sought: House Disburse	ement For:	2018		5000.00
Senate	Primary	<b>✗</b> General		
State: District:	Other (spe	cify) ▼		Memo Item
Full Name (Last, First, Middle Initial)				_
3. DUTCH RUPPERSBERGER FOR	S CONGI	RESS COM	MITTEE	Date of Disbursement
DOTOTINOTI ENOBEROERI OF	\ CONOI	KEGG GOIVII	VIII I L L	M M / D D / Y Y Y Y
Mailing Address PO BOX 231				10 10 2018
City LUTHERVILLE	State MD	Zip Code 21094		FEC Identification Number
Purpose of Disbursement	IVID	21094		C C00376673
Political Contribution			011	
Candidate Name			Category/	Transaction ID: SB23.16573  Amount of Each Disbursement this Period
RUPPERSBERGER, C.A. DUTC			Type	
, <u>, , , , , , , , , , , , , , , , , , </u>	_	2018		1000.00
Senate President	Other (spe	General		
State: MD District: 02	Other (spe	ony)		Memo Item
Full Name (Last, First, Middle Initial)				
FRIENDS OF SHERROD BROW	N			Date of Disbursement
				M M / D D / Y M Y M Y
Mailing Address PO BOX 15293				10 05 2018
City	State	Zip Code		FFO Identification Number
WASHINGTON	DC	20003		FEC Identification Number
Purpose of Disbursement Political Contribution				C C00264697
Candidate Name			011	Transaction ID: SB23.16527
BROWN, SHERROD, , ,			Category/ Type	Amount of Each Disbursement this Period
	ement For:	2018	. , , , ,	1000.00
x Senate	Primary	<b>★</b> General		
President	Other (spe	cify) ▼		Memo Item
State: OH District: 00				
SUBTOTAL of Disbursements This Page (optional)				7000.00
ODDIVIAL OF DISDUISEMENTS THIS Page (Optional)			<u> </u>	4 4
TOTAL This Period (last page this line number onl	y)			1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution 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 (Last, First, Middle Initial)  A. HOYER FOR CONGRESS  Meiling Address 700 13TH STREET NW SUITE 600  City MASHINSTON  State Disbursement For: 2018  President Senate President Cother (specify) Value Political Contribution  Candidate Name  HOYER, STENY, , Office Sought: Value Political Contribution  Candidate Name  HOYER, STENY, , Office Sought: Value Political Contribution  Candidate Name  HOYER, STENY, , Office Sought: Value President Cother (specify) Value Political Contribution  Candidate Name  HOYER, STENY, , Office Sought: Value President Cother (specify) Value Political Contribution  Candidate Name  HOYER, STENY, , Office Sought: Value President Cother (specify) Value Political Contribution  Candidate Name  President Cother (specify) Value Cother (specify) Value Political Contribution  Candidate Name  President Cother (specify) Va	SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule		
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 Ful)  MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)  Full Name (Last, First, Middle Initial)  A. HOYER FOR CONGRESS  Mailing Address 700 13TH STREET NW SUITE 600  City  MASHINGTON  Purpose of Disbursement  Profitical Contribution  Candidate Name  HOYER, STENY,  Office Sought: X House  BROWNLEY, JULIA,  Office Sought: X House  BROWNLEY, JULIA,  Office Sought: X House  BROWNLEY, JULIA,  Office Sought: X House  Senate  Primary X General  Other (specify)  Other (specify)  Primary X General  Other (specify)  Transaction ID: S823.16560  Amount of Each Disbursement his Per  C C00513077  Transaction ID: S823.16560  Amount of Each Disbursement his Per  C C00513077  Transaction ID: S823.16560  Amount of Each Disbursement his Per  C C00513077  Transaction ID: S823.16560  Amount of Each Disbursement his Per  C C00513077  Transaction ID: S823.16560  Amount of Each Disbursement his Per  C C00513077  Transaction ID: S823.16560  Amount of Each Disbursement his Per  C C00513077  Transaction ID: S823.16560  Amount of Each Disbursement his Per  C C00513077  Transaction ID: S823.16561  Amount of Each Disbursement his Per  C C00513077  Transaction ID: S823.16561  Amount of Each Disbursement his Per  C C00372832  FEC Identification Number  C C00513077  Transaction ID: S823.16561  Amount of Each Disbursement his Per  C C00372832  FEC Identification Number  C C00513077  Transaction ID: S823.16561  Amount of Each Disbursement his Per  C C00372832  Transaction ID: S823.16561  Amount of Each Disbursement his Per  C C00372832  Melling Address Po Box 2334  To A Category Ageneral  Disbursement his Per  C C00372832  Transaction ID: S823.16561  Amount of Each Disbursement his Per  C C00372832  Melling Address Po Box 2334  To A Category Ageneral  Disbursement Primary X General  Disbursement Primary X General  Disbursement Primary X General  Disbursem			e   🔲 🗀 210	
NAME OF COMMITTEE (In Full)  MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)  Full Name (Last, First, Middle Initial)  A HOYER FOR CONGRESS  Mailing Address 700 13TH STREET NW SUITE 600  City WASHINGTON Pripose of Disbursement Political Contribution  State: MD District: 95  Full Name (Last, First, Middle Initial)  B. JULIA BROWNLEY FOR CONGRESS  Mailing Address PO BOX 2018  City THOUSAND OAKS Pripose of Disbursement Political Contribution  Candidate Name BROWNLEY, JULIA, , Office Sought: X House President State: CA District: 26  Full Name (Last, First, Middle Initial)  Sanate Primary X General Political Contribution  Candidate Name BROWNLEY, JULIA, , Office Sought: X House President State: CA District: 26  Full Name (Last, First, Middle Initial) Sanate Primary X General District Office Sought: X House President State: CA District: 26  Full Name (Last, First, Middle Initial) State: CA District: 26  Mailing Address PO BOX 2334  City DENTON Candidate Name BROWNLEY, JULIA, , Office Sought: X House President State: CA District: 26  Mailing Address PO BOX 2334  City DENTON Candidate Name BURGESS, MICHAEL C. DR., , Office Sought: X House District: 26  District: 26  Memo Item  Total Category Type  Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Type Transaction ID: SB23.16560 Amount of Each Disbursement Type C C00513077 Transaction ID: SB23.16561 Amount of Each Disbursement Date of Disbursement Type C C00513077 Transaction ID: SB23.16561 Amount of Each Disbursement Type C C00372532 Transaction ID: SB23.16561 Amount of Each Disbursement this Per C C00372532 Transaction ID: SB23.16561 Amount of Each Disbursement this Per C C00372532 Transaction ID: SB23.16561 Amount of Each Disbursement this Per C C00372532 Transaction ID: SB23.16561 Amount of Each Disbursement this Per C C00372532 Transaction ID: SB23.16561 Amount of Each Disbursement this Per C C00372532 Transaction ID: SB23.16561 Amount of Each Disbursement this Per C C00372532 Transaction ID: SB23.16				
A. HOYER FOR CONGRESS  Mailing Address 700 13TH STREET NW SUITE 600  City WASHINGTON DC 20005  Purpose of Disbursement Prisident State: AD istrict: 26  FILIN Name (Last, First, Middle Initial)  City THOUSAND OAKS State Zip Code 91358  Purpose of Disbursement Political Contribution  Candidate Name President State: AD istrict: 26  FUIT Name (Last, First, Middle Initial)  City THOUSAND OAKS State Zip Code 91358  Purpose of Disbursement Political Contribution  Candidate Name BROWNLEY, JULIA, , , Office Sought: X House Disbursement For: 2018  State: CA District: 26  FUIT Name (Last, First, Middle Initial)  Condidate Name BROWNLEY, JULIA, , , Office Sought: X House Disbursement For: 2018  State: CA District: 26  FUIT Name (Last, First, Middle Initial)  Condidate Name Senate Disbursement For: 2018  State: CA District: 26  FUIT Name (Last, First, Middle Initial)  Condidate Name Clast, First, Middle Initial)  Condidate Name Senate Disbursement For: 2018  City State: CA District: 26  FUIT Name (Last, First, Middle Initial)  Condidate Name Senate Disbursement For: 2018  City State: CA District: 26  FUIT Name (Last, First, Middle Initial)  Condidate Name Surpose of Disbursement Political Contribution  Candidate Name Burgess, MICHAEL C. DR., , Office Sought: X House Disbursement For: 2018  State: TX District: 26  Disbursement For: 2018  State: TX District: 26  Disbursement For: 2018  Category/ Type  1000.00  Memo Item  1000.00  FEC Identification Number Category/ Type  Category/ Transaction D: SB23.16561  Amount of Each Disbursement Primary X General Other (specify) Type  1000.00  Memo Item  1000.00  Memo Item  1000.00	NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·		
City WASHINGTON Purpose of Disbursement Political Contribution Candidate Name HOYER, STENY, , Office Sought:	_			
WASHINGTON Pulpose of Disbursement Political Contribution Candidate Name HOYER, STENY, Office Sought:	SUITE 600			10 10 2018
Political Contribution  Candidate Name HOYER, STENY, ,  Office Sought:	WASHINGTON	1 '		
HOYER, STENY, , , Office Sought:	Political Contribution			Transaction ID : SB23.16569
State: MD District: 05  Full Name (Last, First, Middle Initial)  B. JULIA BROWNLEY FOR CONGRESS  Mailing Address PO BOX 2018  City THOUSAND OAKS THOUSAND OAKS THOUSAND OAKS Candidate Name BROWNLEY, JULIA, ,  Office Sought: x House President State: CA District: 26  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS  Mailing Address PO BOX 2018  Date of Disbursement  Date of Disbursement  Date of Disbursement  To 10	Office Sought: House Disbursem		Type	
Full Name (Last, First, Middle Initial)  B. JULIA BROWNLEY FOR CONGRESS  Mailing Address PO BOX 2018  City THOUSAND OAKS CA 91358  Purpose of Disbursement Political Contribution  Candidate Name BROWNLEY, JULIA, ,  Office Sought: X House Disbursement For: 2018 Primary General Other (specify)  Eval Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS  Mailing Address PO BOX 2334  City DENTON TX 76202  Purpose of Disbursement Political Contribution  Candidate Name BURGESS, MICHAEL C. DR., ,  Office Sought: X House Disbursement For: 2018  State: TX District: 26  District: 26  Date of Disbursement  Date of Disbursement  Date of Disbursement  C C00372532  Transaction ID: SB23.16561  Amount of Each Disbursement  PEC Identification Number  C C00372532  Transaction ID: SB23.16561  Amount of Each Disbursement this Per  C C00372532  Transaction ID: SB23.16561  Amount of Each Disbursement this Per  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item	President	,		Memo Item
City THOUSAND OAKS Purpose of Disbursement Political Contribution  Candidate Name BURGESS, MICHAEL C. DR., , Office Sought:  X House Purpose of Disbursement For: 2018 Primary District: 26  State CA  91358  PILI Name (Last, First, Middle Initial) City DENTON Purpose of Disbursement Political Contribution  Candidate Name BURGESS, MICHAEL C. DR., , Office Sought: X House District: 26  FEC Identification Number  Category/ Type  Transaction ID: SB23.16560 Amount of Each Disbursement this Per  Transaction ID: SB23.16560 Amount of Each Disbursement this Per  Transaction ID: SB23.16560 Amount of Each Disbursement Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  Transaction Number  Date of Disbursement  Date of Disbu	Full Name (Last, First, Middle Initial)  B. JULIA BROWNLEY FOR CONGRE	ESS		M = M / D = D / Y = Y = Y
THOUSAND OAKS Purpose of Disbursement Political Contribution  Candidate Name BROWNLEY, JULIA, ,  Office Sought:		State Zip Code		
Candidate Name BROWNLEY, JULIA, , ,  Office Sought:	THOUSAND OAKS Purpose of Disbursement	044		
Office Sought:	Candidate Name		Category/	Transaction ID: SB23.16560 Amount of Each Disbursement this Period
State: CA District: 26  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS  Mailing Address PO BOX 2334  City DENTON Purpose of Disbursement Political Contribution  Candidate Name BURGESS, MICHAEL C. DR., , Office Sought:  We may be a part of Disbursement  Mailing Address PO BOX 2334  FEC Identification Number  C C00372532  Transaction ID: SB23.16561  Amount of Each Disbursement this Per  Other (specify)  State: TX District: 26  Memo Item	Office Sought: House Disbursem	Primary <b>x</b> General		1000.00
Date of Disbursement  Mailing Address PO BOX 2334  City DENTON Purpose of Disbursement Political Contribution Candidate Name BURGESS, MICHAEL C. DR., , Office Sought:  X House Senate President State: TX District: 26  Date of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  M M M 10 10 2018  FEC Identification Number  C C00372532  Transaction ID: SB23.16561  Amount of Each Disbursement this Per  1000.00  Memo Item		Other (specify)		Memo Item
City DENTON Purpose of Disbursement Political Contribution  Candidate Name BURGESS, MICHAEL C. DR., ,  Office Sought:  X House President President State: TX District: 26    10		RESS		
DENTON Purpose of Disbursement Political Contribution  Candidate Name BURGESS, MICHAEL C. DR., , ,  Office Sought:  Number  TX  76202  C C00372532  Transaction ID: SB23.16561  Amount of Each Disbursement this Per  Type  Disbursement For: 2018  Senate Primary Primary Seneral Other (specify)  Nemo Item	Mailing Address PO BOX 2334			
Candidate Name BURGESS, MICHAEL C. DR., , ,  Office Sought:  Senate President President State: TX  District: 26   Transaction ID : SB23.16561  Amount of Each Disbursement this Per  Type  Category/ Type  Category/ Type  Memo Item	DENTON Purpose of Disbursement	'		
Office Sought:  Senate President State: TX  District: 26  Disbursement For: 2018 Primary   General Other (specify) ▼  Memo Item	Candidate Name	Category/		
2000.00	Office Sought:    W   House   Disbursem   Senate   President	Primary <b>x</b> General		
SUBTOTAL of Disbursements This Page (optional)	State: TX District: 26			
	SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00

### S П

SC	HEDULE B (FEC Form 3X)	FOR LINE NUMBER:					PAGE 25 OF 27	
ITE	MIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	one)	<b>7.00</b>		
			Summary Page	21b 28a	22 <b>x</b> 28b	23 28c	26 27 29 30b	
Δην	information copied from such Reports and Staten	nents may n	nt he sold or us					
	or commercial purposes, other than using the name							
	NAME OF COMMITTEE (In Full)							
$ \rangle$ $ $	MAXIM HEALTHCARE SERVICES INC	POLITICA	AL ACTION (	COMMITTEE	(MAXIM H	HEALTH	ICARE PAC)	
<u></u>	Full Name (Last, First, Middle Initial)							
	MIKE KELLY FOR CONGRESS				Date of Di	sburseme	ent	
_	The relative to the content of the c				M M / D D / Y Y Y Y			
N	Mailing Address PO BOX 476				10 10 2018			
_	Dity	State	Zip Code					
	YNDORA	PA	16045		FEC Ident	ification N	lumber	
	Purpose of Disbursement Political Contribution				<b>C</b> co	0474189		
	Political Contribution  Candidate Name			011			: SB23.16555	
	KELLY, MIKE, , ,			Category/ Type	Amount of	Each Dis	sbursement this Period	
		nent For: 20	018	.,,,,			1000.00	
		Primary	<b>✗</b> General			-	-9	
_		Other (speci	ify) ▼		Memo	Item		
	State: PA District: 16  Full Name (Last, First, Middle Initial)							
	PALLONE FOR CONGRESS				Date of Di	sburseme	ent	
_					M = M /	D D	/ Y = Y = Y	
Λ	Mailing Address PO BOX 3176				10	05	2018	
Ċ	Dity	State	Zip Code		FF0 !! :	(d) +! + !	li i i a la a ii	
L	LONG BRANCH		FEC Ident	itication N	lumper			
	Purpose of Disbursement Political Contribution			011	C co	0226928		
	Candidate Name			Onto provide the Control of Transaction ID : S				
_	PALLONE, FRANK, , , JR			Category/ Type	Amount of Each Disbursement this F			
	Office Sought: House Disbursen	nent For: 2				7	2500.00	
		Primary	<b>★</b> General			,		
S	President  State: NJ District: 06	Other (speci	iiy <i>)</i>		Memo	Item		
	Full Name (Last, First, Middle Initial)							
	ROSKAM FOR CONGRESS COM	MITTEE			Date of Di	sburseme	ent	
	Apilling Address B. O. DOV 742				10	D D D	/ Y Y Y Y Y Y 2018	
۱۸	Mailing Address P. O. BOX 713				10	10	2018	
	,	State	Zip Code		FEC Ident	ification N	lumber	
	VHEATON Purpose of Disbursement	IL	60187					
	Political Contribution			011		0410969	· SD22 46565	
	Candidate Name  ROSKAM, PETER, , ,  Office Sought:  House  Disbursemen  Senate  Print			Category/			: SB23.16565 sbursement this Period	
_				Туре				
(							1000.00	
		Primary Other (speci	••			lå a me		
_ 8	State: IL District: 06				Memo	item		
	·			'			4500.00	
SU	BTOTAL of Disbursements This Page (optional)			·····•		7	4500.00	
ТО	TAL This Period (last page this line number only)						20500.00	
	()					7		

### S П

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE 26 OF 27
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only		
		Summary Page	21b 28a	22 23 28c <b>x</b>	26 27 29 30b
Any information popular from such Departs and Chate					
Any information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
$ \; angle$ MAXIM HEALTHCARE SERVICES INC	POLITIC	CAL ACTION (	COMMITTEE	(MAXIM HEALTH	ICARE PAC)
<u>/</u>					
Full Name (Last, First, Middle Initial)	_			Date of Disburseme	nt
A. NJ Home Care & Hospice PAC IN	C			M M / D D	/ Y Y Y Y
Mailing Address 411 North Ave East				10 05	2018
,	State NJ	Zip Code 07016		FEC Identification N	umber
Cranford Purpose of Disbursement	INJ	07016			
Non-Federal Political Contribution			011	C	2720 10712
Candidate Name			Category/	Transaction ID  Amount of Each Dis	: SB29.16540 bursement this Period
			Type	Timodini di Eddi. Dia	
	ment For:			1 7 1	5000.00
Senate President	Primary	General		_	
State: District:	Other (spe	City) $\blacktriangledown$		Memo Item	
Full Name (Last, First, Middle Initial)					
B. NJ Home Care & Hospice PAC IN	С			Date of Disburseme	nt
		M = M / D = D	/ Y = Y = Y = Y		
Mailing Address 411 North Ave East				10 17	2018
City	State	Zip Code			
Cranford	NJ	07016		FEC Identification N	umber
Purpose of Disbursement				С	
Non-Federal Political Contribution			011	Transaction ID	: SB29.16577
Candidate Name			Category/	Amount of Each Dis	bursement this Period
Office Sought: House Disburse	ment For:		Type		5000.00
Senate Sought.	Primary	General		4	5000.00
President	Other (spe	cify)		Mama Itam	
State: District:				Memo Item	
Full Name (Last, First, Middle Initial)					
C. Ohio Council for Home Care and F	Hospice	PAC		Date of Disburseme	·
Mailing Address 2800 Corporate Exchange				10 10	2018
Ste. 225					20.0
City	State	Zip Code		FEC Identification N	umber
Columbus Purpose of Disbursement	ОН	43231			
Non-Federal Political Contribution			011	C	
Candidate Name				Transaction ID	: SB29.16537 bursement this Period
			Category/ Type	Amount of Each Dis	bursement this renou
Office Sought: House Disburse	ment For:				5000.00
Senate	Primary	General			
State: District:	Other (spe	сіту) ▼		Memo Item	
State. District.					
SUBTOTAL of Disbursements This Page (optional)					15000.00
COLUMN TIME OF ELECTRICAL TIME I age (optional)					7 7
TOTAL This Period (last page this line number only	)				

### S П

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 27 OF 27	
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(check only one)	
		Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b	
Any information copied from such Reports and State	ments mav i	not be sold or us			
or for commercial purposes, other than using the nat					
NAME OF COMMITTEE (In Full)  MAXIM HEALTHCARE SERVICES INC	POLITIC	ΔΙ ΔΩΤΙΩΝΙΟ		(MAYIM HEALTHCARE DAC)	
WIAMINI I ILALI FICARE SERVICES INC	FULITIO	AL ACTION (		. (IVIAAIIVI I ILALI MOARE PAC)	
Full Name (Last, First, Middle Initial)				B (B)	
A. PHA Home PAC				Date of Disbursement	
Mailing Address 600 N 12TH ST				10 05 2018	
STE 200	01.1	T			
City LEMOYNE	State PA	Zip Code 17043		FEC Identification Number	
Purpose of Disbursement		1 2.5		C	
Non-Federal Political Contribution 011				Transaction ID : SB29.16586	
Candidate Name  Category/ Type				Amount of Each Disbursement this Period	
Office Sought: House Disburse	Office Sought:			5000.00	
State: District:	Other (spec	ciiy) 🔻		Memo Item	
Full Name (Last, First, Middle Initial)					
B. PHA Home PAC				Date of Disbursement	
Mailing Address 600 N 12TH ST				10 17 2018	
STE 200				10 17 2010	
City	State	Zip Code		FEC Identification Number	
LEMOYNE PA 17043 Purpose of Disbursement				C	
Non-Federal Political Contribution 011				Transaction ID : SB29.16584	
Candidate Name Category/				Amount of Each Disbursement this Period	
Office Sought:   House   Disbursement For:				5000.00	
Senate	Primary	General		4 4	
President	Other (spec	cify)		Memo Item	
State: District:  Full Name (Last, First, Middle Initial)					
C.				Date of Disbursement	
<del></del>				M M / D D / Y Y Y Y	
Mailing Address					
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement					
Tarpood of Disbursoment			C		
Candidate Name Category/				Amount of Each Disbursement this Period	
Туре					
Office Sought: House Disbursement For: Senate Primary General					
President	Other (spec			Memo Item	
State: District:	-			<u> </u>	
SUBTOTAL of Disbursements This Page (optional).				10000.00	
CODITION OF DISDUISONIETES THIS Lage (optional).				7 7 7	
TOTAL This Period (last page this line number only	')			25000.00	