

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) 228 S Washington St

Suite 115

☒ Check if different than previously reported. (ACC) Alexandria VA 22314 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00558932

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)

☐ July 15
Quarterly Report (Q2)

☐ October 15
Quarterly Report (Q3)

☒ January 31
Year-End Report (YE)

☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)

☐ Termination Report
(TER)

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 25 2014 through M M M / D D D / Y Y Y Y Y Y 12 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Satterfield

Signature of Treasurer David Satterfield [Electronically Filed] Date 01 30 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y Y 12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	12673.01	
(c) Total Receipts (from Line 19)	2947.30	30356.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15620.31	30356.82
7. Total Disbursements (from Line 31)	1045.00	15781.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14575.31	14575.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For 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. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

11

25

2014

To:

12

31

2014

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).....

1393.82

23657.38

(ii) Unitemized

1553.48

6699.44

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2947.30

30356.82

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

2947.30

30356.82

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(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))..... ▶

2947.30

30356.82

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

2947.30

30356.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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	45.00	281.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	45.00	281.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	12000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	3500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1045.00	15781.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1045.00	15781.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	2947.30	30356.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2947.30	30356.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	45.00	281.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	45.00	281.51

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 28 / 2014

Transaction ID : SA11AI.4879

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

12 / 05 / 2014

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

12 / 12 / 2014

Transaction ID : SA11AI.4984

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 26

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 19 2014

Transaction ID : SA11AI.5036

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 26 2014

Transaction ID : SA11AI.5088

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 28 2014

Transaction ID : SA11AI.4873

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11AI.4927

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014

Transaction ID : SA11AI.5031

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.5083

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2014

Transaction ID : SA11AI.4868

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2014

Transaction ID : SA11AI.4922

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

12 / 12 / 2014

Transaction ID : SA11AI.4974

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 19 / 2014

Transaction ID : SA11AI.5026

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

12 / 26 / 2014

Transaction ID : SA11AI.5078

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Chani Feldman

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.5063

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Kris Frank

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.5024

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Kris Frank

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.5076

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrew M Friedell

Mailing Address 523A Epping Forrest Rd

City State Zip Code
Annapolis MD 21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1980.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2014

Transaction ID : SA11AI.4878

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Andrew M Friedell

Mailing Address 523A Epping Forrest Rd

City State Zip Code
Annapolis MD 21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2010.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2014

Transaction ID : SA11AI.4931

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Andrew M Friedell

Mailing Address 523A Epping Forrest Rd

City State Zip Code
Annapolis MD 21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2014

Transaction ID : SA11AI.4983

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrew M Friedell

Mailing Address 523A Epping Forrest Rd

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.5035

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Andrew M Friedell

Mailing Address 523A Epping Forrest Rd

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.5087

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2014

Transaction ID : SA11AI.4870

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City State Zip Code
 Lutherville MD 21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11AI.4924

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City State Zip Code
 Lutherville MD 21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 12 / 2014

Transaction ID : SA11AI.4976

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City State Zip Code
 Lutherville MD 21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 19 / 2014

Transaction ID : SA11AI.5028

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City
Lutherville

State Zip Code
MD 21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.5080

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City
Frisco

State Zip Code
TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2014

Transaction ID : SA11AI.4876

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City
Frisco

State Zip Code
TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2014

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2014

Transaction ID : SA11AI.4981

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.5033

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.5085

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
Munchester MD 21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

11 / 28 / 2014

Transaction ID : SA11AI.4877

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
Munchester MD 21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

12 / 05 / 2014

Transaction ID : SA11AI.4930

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
Munchester MD 21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

12 / 12 / 2014

Transaction ID : SA11AI.4982

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Munchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.5034

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Munchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.5086

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2014

Transaction ID : SA11AI.4871

Amount of Each Receipt this Period

28.00

SUBTOTAL of Receipts This Page (optional)..... ►

88.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 26

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2014

Transaction ID : SA11AI.4925

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

B. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2014

Transaction ID : SA11AI.4977

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

C. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.5029

Amount of Each Receipt this Period

28.00

SUBTOTAL of Receipts This Page (optional)..... ►

84.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 OF 26
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 26 2014

Transaction ID : SA11AI.5081

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

B. Jeremy T. Markewicz

Mailing Address 2678 Westbreeze Dr

City State Zip Code
Hilliard OH 43026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 26 2014

Transaction ID : SA11AI.5060

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.44

Date of Receipt

M M / D D / Y Y Y Y Y
11 28 2014

Transaction ID : SA11AI.4872

Amount of Each Receipt this Period

28.84

SUBTOTAL of Receipts This Page (optional)..... ►

66.46

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 21 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11AI.4926

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

B. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

C. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014

Transaction ID : SA11AI.5030

Amount of Each Receipt this Period

28.84

SUBTOTAL of Receipts This Page (optional)..... ►

86.52

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 22 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.80

Date of Receipt

M M / D D / Y Y Y Y Y
 12 26 2014

Transaction ID : SA11AI.5082

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

B. Marsha C Plaine

Mailing Address 3503 Nelson Meadow Ln

City State Zip Code
 Greensboro NC 27406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Clinical Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 28 2014

Transaction ID : SA11AI.4869

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

c. Marsha C Plaine

Mailing Address 3503 Nelson Meadow Ln

City State Zip Code
 Greensboro NC 27406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Clinical Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 05 2014

Transaction ID : SA11AI.4923

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

58.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Marsha C Plaine

Mailing Address 3503 Nelson Meadow Ln

City Greensboro State NC Zip Code 27406

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Clinical Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

12 / 12 / 2014

Transaction ID : SA11AI.4975

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Marsha C Plaine

Mailing Address 3503 Nelson Meadow Ln

City Greensboro State NC Zip Code 27406

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Clinical Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 19 / 2014

Transaction ID : SA11AI.5027

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Marsha C Plaine

Mailing Address 3503 Nelson Meadow Ln

City Greensboro State NC Zip Code 27406

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Clinical Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

12 / 26 / 2014

Transaction ID : SA11AI.5079

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Daniel J Santobianco

Mailing Address 216 Shawmont Ave

City

Philadelphia

State

PA

Zip Code

19128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 28 / 2014

Transaction ID : SA11AI.4880

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John P Smalley

Mailing Address 7990 E. Snyder
#4202

City

Tucson

State

AZ

Zip Code

85750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

12 / 26 / 2014

Transaction ID : SA11AI.5070

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Nathan Speer

Mailing Address 524 Toledo Dr

City

Lowe Burrell

State

PA

Zip Code

15068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

12 / 26 / 2014

Transaction ID : SA11AI.5062

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

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

1393.82

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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



45.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MIKULSKI FOR SENATE COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2014

Mailing Address PO BOX 13147

City	State	Zip Code
BALTIMORE	MD	21203

Transaction ID : SB23.4826

Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

BARBARA MIKULSKI

Category/
Type

1000.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 00

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

1000.00

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

1000.00
