Image# 15970165421 PAGE 1 / 26

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| 1 0 1 1 1 1 | or other man An A | tutilonzea committ | | Office Use Only | | | | | | |
|---|--|----------------------------------|----------------------------|-----------------|-----------------------|--|--|--|--|--|
| NAME OF TOOMMITTEE (in full) | YPE OR PRINT ▼ | Example: If typi over the lines. | ng, type | 12FE4M5 | | | | | | |
| MAXIM HEALTHCARE S | ERVICES INC PO | LITICAL ACTION (| COMMITTE | EE (MAXIN | / HEALTHCA | RE PAC) | | | | |
| | | | | | | | | | | |
| ADDRESS (number and street) | 228 S Washington St | | | | | | | | | |
| Check if different | Suite 115 | | | | | | | | | |
| than previously reported. (ACC) | Alexandria | | | VA _ | 22314 | | | | | |
| 2. FEC IDENTIFICATION NUM | MBER ▼ | CITY 🛦 | S | STATE A | ZIP COI | DE 🛦 | | | | |
| C C00558932 | 3 | | NEW N) OR | AM (A) | IENDED | | | | | |
| 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: | Report Due On: | | May 20 (M5) Jun 20 (M6) | | 20 (M8) 20 (M9) | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) | | | | |
| April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 | (c) 12-Day PRE-Election Report for the | Primary (12F | | Oct 2 General (| | Jan 31 (YE) Runoff (12R) | | | | |
| Quarterly Report (Q3 X January 31 Year-End Report (YE | | ection on | D D / | Y | in the State o | | | | | |
| July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report | (d) 30-Day POST-Electio Report for the | · · | G) | Runoff (3 | 0R) | Special (30S) | | | | |
| (TER) | Ele | ection on | D = D / | Y | in the State o | | | | | |
| 5. Covering Period 11 | 25 20 | 14 through | 12 | 31, | 2014 | | | | | |
| I certify that I have examined this Type or Print Name of Treasurer | Report and to the bes David Satterfield | t of my knowledge and | belief it is trud | e, correct and | d complete. | | | | | |
| Signature of Treasurer David | Satterfield | [Electronicall | y Filed] Da | ate 01 | / 30 / I | 2015 | | | | |
| NOTE: Submission of false, erroned | ous, or incomplete inform | ation may subject the per | son signing th | is Report to th | ne penalties of 2 U | J.S.C. §437g. | | | | |
| Office Use Only | | | | | FEC FOR Rev. 12/20 | | | | | |

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)

25 2014 Report Covering the Period: 2014 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2014 (b) Cash on Hand at 12673.01 Beginning of Reporting Period..... 30356.82 2947.30 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 15620.31 30356.82 6(a) and 6(c) for Column B)..... 1045.00 15781.51 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 14575.31 14575.31 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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)

Write or Type Committee Name

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

| Report Covering the Period: From: | / 25 / 2014 To: | 12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|--|-------------------------------|---|
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| 1. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | 1393.82 | 23657.38 |
| (i) Itemized (use Schedule A) | 7 7 | |
| (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 | 7 | |
| (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 |
| . Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| . All Loans Received | 0.00 | 0.00 |
| . All Loans neceived | | 3.00 |
| Loan Repayments Received | 0.00 | 0.00 |
| Offsets To Operating Expenditures | | |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| Refunds of Contributions Made | | |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 0.00 |
| . Other Federal Receipts | | |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| . Transfers from Non-Federal and Levin Funds | , | · · · · · · · · · · · · · · · · · · · |
| (a) Non-Federal Account | 0.00 | |
| (from Schedule H3) | 0.00 | 0.00 |
| # N N N N N N N N N N N N N N N N N N N | 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 |
| (c) Total Transiers (add To(a) and To(b)) | 3.00 | 0.00 |
| | | |
| . Total Receipts (add Lines 11(d), | | |
| 12, 13, 14, 15, 16, 17, and 18(c))▶ | 2947.30 | 30356.82 |
| . Total Federal Receipts | | |
| (subtract Line 18(c) from Line 19)▶ | 2947.30 | 30356.82 |
| (Subtract Line To(c) Holli Line 19) | 2941.30 | 30330.62 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| | II. Disbursements | Total This Period | | | | |
|------------|--|-------------------|-----------------------|--|--|--|
| 21. | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | 5.5.55 | Calendar Year-to-Date | | | |
| | (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 | | | |
| 2. | Transfers to Affiliated/Other Party | 10.00 | 201101 | | | |
| 2 | Committees | 0.00 | 0.00 | | | |
| | Contributions to Federal Candidates/Committees and Other Political Committees | 1000.00 | 12000.00 | | | |
| 4. | Independent Expenditures | 0.00 | 0.00 | | | |
| 5. | (use Schedule E) | | | | | |
| | (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 | | | |
| 26. | Loan Repayments Made | 0.00 | 0.00 | | | |
| _ | | 0.00 | 0.00 | | | |
| 27. 28. | Loans MadeRefunds of Contributions To: | 0.00 | 0.00 | | | |
| | (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | | | |
| | | | 0.00 | | | |
| | (b) Political Party Committees | 0.00 | 0.00 | | | |
| | (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 | | | |
| | | 7 | | | | |
| 80. | Federal Election Activity (2 U.S.C. §431(20)) | | | | | |
| | (a) Allocated Federal Election Activity (from Schedule H6) | | | | | |
| | (i) Federal Share | 0.00 | 0.00 | | | |
| | (*) | 0.00 | 0.00 | | | |
| | (ii) "Levin" Share(b) Federal Election Activity Paid Entirely | 0.00 | 0.00 | | | |
| | With Federal Funds | 0.00 | 0.00 | | | |
| | (c) Total Federal Election Activity (add | 0.00 | 0.00 | | | |
| | Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 | | | |
| 1. | Total Disbursements (add Lines 21(c), 22, | | | | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 1045.00 | 15781.51 | | | |
| 2. | 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 | | | |
|---|---------|----------|--|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 2947.30 | 30356.82 | |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 | |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2947.30 | 30356.82 | |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 45.00 | 281.51 | |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 | |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 45.00 | 281.51 | |

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

| FOR LINE | - | : PAG | GE 6 | OF 26 | | | | | | | |
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| X 11a | 11b | 11c | 12 | | | | | | | | |
| 13 | 14 | 15 | 16 | 17 | | | | | | | |

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 (Last, First, Middle Initial) Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 2014 28 City State Zip Code Transaction ID: SA11AI.4879 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 12 05 2014 City State Zip Code Transaction ID: SA11AI.4932 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify)

| Full Name (Last, First, Middle Initial) Raymond A Carbone | | Date of Receipt |
|--|--------------------------|------------------------------------|
| Mailing Address 367 Berkshire Drive | | 12 12 2014 |
| City | State Zip Code | Transaction ID : SA11AI.4984 |
| Riva | MD 21140 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 30.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Chief Financial Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |

| | Т | - | - | - | - | - | - | - | _ | _ | _ | ī |
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| TOTAL This Period (last page this line number only) | L | | | 7 | | | 7 | _ | | ж. | | |
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540.00

Other (specify)

C.

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

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Other (specify) Full Name (Last, First, Middle Initial) **c.** Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 28 11 2014 City State Zip Code Transaction ID: SA11AI.4873 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Vice President - Operations Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General

600.00

450.00

| SUBTOTAL of Receipts This Page (optional) | | 7 | | 7 | Ī | , | 90.00 |) | |
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Other (specify)

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

| FOR | PAGE | | 8 | OF | | 26 | | | | | |
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| × | 11a | | 11b | | 11c | | 12 | | | | |
| | 13 | | 14 | | 15 | | 16 | | | 17 | |

| Full Name (Last, First, Middle Initial) Jarrod DePriest Mailing Address 2251 Wild Plains Circle | | Date of Receipt |
|---|--|--|
| City | State 7:- Code | 12 05 2014 |
| City Rocklin | State Zip Code CA 95765 | Transaction ID : SA11AI.4927 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 30.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Vice President - Operations | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 480.00 | |
| Full Name (Last, First, Middle Initial) Jarrod DePriest | • | Date of Receipt |
| Mailing Address 2251 Wild Plains Circle | | M = M / D = D / Y = Y = Y |
| City | State Zip Code | 12 12 2014 |
| Rocklin | CA 95765 | Transaction ID : SA11AI.4979 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C 33763 | 30.00 |
| Name of Employer Maxim Healthcare Services Inc | Occupation Vice President - Operations | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 510.00 | |
| Full Name (Last, First, Middle Initial) Jarrod DePriest | | Date of Receipt |
| Mailing Address 2251 Wild Plains Circle | | 12 192014 |
| City Rocklin | State Zip Code CA 95765 | Transaction ID : SA11AI.5031 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Vice President - Operations | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 540.00 | |

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

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| | 13 | | 14 | | 15 | | 16 | 6 | | 17 | |

| Full Name (Last, First, Middle Initial) Jarrod DePriest Mailing Address 2251 Wild Plains Circle | | Date of Receipt |
|---|-----------------------------|--|
| | | 12 26 2014 |
| City | State Zip Code | Transaction ID : SA11AI.5083 |
| Rocklin | CA 95765 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Vice President - Operations | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 570.00 | |
| Full Name (Last, First, Middle Initial) Matthew M Diaz | • | Date of Receipt |
| Mailing Address 2103 Wyckford Blvd | | M = M / D = D / Y = Y = Y |
| City | State Zin Code | 11 28 2014 |
| City Rocklin | State Zip Code CA 95765 | Transaction ID : SA11AI.4868 |
| | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Area Vice President | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 255.00 | |
| Full Name (Last, First, Middle Initial) Matthew M Diaz | ' | Date of Receipt |
| Mailing Address 2103 Wyckford Blvd | | 12 05 2014 |
| City Rocklin | State Zip Code CA 95765 | Transaction ID : SA11AI.4922 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Area Vice President | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 0.0 | |
| Other (specify) | 270.00 | |

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

| FOR LINE | NUMBER: | PAGE | 10 OF | 26 | | | | | | | |
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315.00

Area Vice President

Aggregate Year-to-Date ▼

Maxim Healthcare Services Inc

Other (specify)

General

Receipt For:

Primary

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

| | _ | LINE | PAGE | 11 | OF | 26 | | | |
|----|-----|---------|------|--------|----|-----|----|---|----|
| (0 | che | ck only | or | ne) | | | | | |
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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) Chani Feldman | | Date of Receipt |
| Mailing Address 7227 Lee Deforest Drive | | 12 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code MD 21046 | Transaction ID : SA11AI.5063 |
| Columbia | MD 21046 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Director of State Affairs | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |
| Full Name (Last, First, Middle Initial) 3. Kris Frank | | Date of Receipt |
| Mailing Address 7227 Lee Deforest Drive | | 12 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.5024 |
| Columbia | MD 21046 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Director of State Affairs | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |
| case (cpcsss), V | | |
| Full Name (Last, First, Middle Initial) C. Kris Frank | | Date of Receipt |
| Mailing Address 7227 Lee Deforest Drive | | 12 26 2014 |
| City Columbia | State Zip Code MD 21046 | Transaction ID : SA11AI.5076 |
| FEC ID number of contributing federal political committee. | C 21040 | Amount of Each Receipt this Period |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Director of State Affairs | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 220.00 | |
| SUBTOTAL of Receipts This Page (optional) | ····· | 30.00 |
| TOTAL This Period (last page this line number | only) | |

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

| _ | R LINE | PAGE | . ′ | 12 | OF | 26 | | | |
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| × | 11a | | 11b | | 11c | | 12 | | |
| | 13 | | 14 | | 15 | | 16 | | 17 |

| Full Name (Last, First, Middle Initial) Andrew M Friedell | | Date of Receipt |
|--|-------------------------------|--|
| Mailing Address 523A Epping Forrest Rd | | 11 28 2014 |
| City | State Zip Code | Transaction ID : SA11AI.4878 |
| Annapolis | MD 21401 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Vice President - Govt Affairs | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1980.00 | |
| Full Name (Last, First, Middle Initial) Andrew M Friedell | ' | Date of Receipt |
| Mailing Address 523A Epping Forrest Rd | | M = M / D = D / Y = Y = Y |
| City | State Zip Code | 12 05 2014 Transportion ID : \$411 At 4021 |
| Annapolis | MD 21401 | Transaction ID : SA11AI.4931 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Vice President - Govt Affairs | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 2010.00 | |
| Full Name (Last, First, Middle Initial) Andrew M Friedell | | Date of Receipt |
| Mailing Address 523A Epping Forrest Rd | | 12 12 2014 |
| City Annapolis | State Zip Code MD 21401 | Transaction ID : SA11AI.4983 |
| <u> </u> | 21701 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Vice President - Govt Affairs | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 2040.00 | |

| FOR | LINE | PAGE | _ 1 | 13 | OF | | 26 | | | | |
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| (check only one) | | | | | | | | | | | |
| X | X 11a 11b | | | | | | 12 | | | | |
| | 13 | | 14 | | 15 | | 16 | ; | | 17 | |

| | nd Statements may not be sold or used by any per- the name and address of any political committee t | |
|---|--|--|
| NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE | ES INC POLITICAL ACTION COMMITTE | E (MAXIM HEALTHCARE PAC) |
| Full Name (Last, First, Middle Initial) Andrew M Friedell Mailing Address 523A Epping Forrest Rd | | Date of Receipt |
| City | State Zip Code | 12 19 2014 Transaction ID : \$41141 5035 |
| Annapolis | MD 21401 | Transaction ID : SA11AI.5035 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Vice President - Govt Affairs | 4 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2070.00 | |
| Full Name (Last, First, Middle Initial) Andrew M Friedell | | Date of Receipt |
| Mailing Address 523A Epping Forrest Rd | | M = M / D = D / Y = Y = Y |
| City | State Zip Code | 12 26 2014 |
| City Annapolis | MD 21401 | Transaction ID : SA11AI.5087 Amount of Each Receipt this Period |
| FEC ID number of contributing | | 1 |
| federal political committee. | C | 30.00 |
| Name of Employer | Occupation | 7 |
| Maxim Healthcare Services Inc | Vice President - Govt Affairs | 4 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2100.00 | |
| Full Name (Last, First, Middle Initial) C. Robert K Gehman Jr | . | Date of Receipt |
| Mailing Address 229 Treherne Road | | 11 28 2014 |
| City | State Zip Code | Transaction ID : SA11AI.4870 |
| Lutherville | MD 21093 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | † |
| Maxim Healthcare Services Inc | Vice President - Finance | |
| Receipt For: | Aggregate Year-to-Date ▼ | 7 |
| Primary General Other (specify) ▼ | 360.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 80.00 |
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| NAME OF COMMITTEE (In Full) | the name and address of any political committee S INC POLITICAL ACTION COMMITTE | |
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| Full Name (Last, First, Middle Initial) Robert K Gehman Jr Mailing Address 229 Treherne Road City Lutherville FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) | State Zip Code MD 21093 C Occupation Vice President - Finance Aggregate Year-to-Date ▼ 380.00 | Date of Receipt 12 05 2014 Transaction ID : SA11AI.4924 Amount of Each Receipt this Period 20.00 |
| Full Name (Last, First, Middle Initial) Robert K Gehman Jr Mailing Address 229 Treherne Road City Lutherville FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) | State Zip Code MD 21093 C Occupation Vice President - Finance Aggregate Year-to-Date ▼ 400.00 | Date of Receipt 12 12 2014 Transaction ID: SA11Al.4976 Amount of Each Receipt this Period 20.00 |
| Full Name (Last, First, Middle Initial) Robert K Gehman Jr Mailing Address 229 Treherne Road City Lutherville FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) | State Zip Code MD 21093 C Occupation Vice President - Finance Aggregate Year-to-Date ▼ 420.00 | Date of Receipt 12 19 2014 Transaction ID: SA11AI.5028 Amount of Each Receipt this Period 20.00 |
| SUBTOTAL of Receipts This Page (optional |) | 60.00 |
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Use separate schedule(s) for each category of the Detailed Summary Page

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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 (Last, First, Middle Initial) Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 2014 12 26 City Zip Code State Transaction ID: SA11AI.5080 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 11 28 2014 City State Zip Code Transaction ID: SA11AI.4876 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 05 2014 12 City Zip Code State Transaction ID: SA11AI.4929 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 80.00

- 9

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 2014 12 City State Zip Code Transaction ID: SA11AI.4981 TX 75034 Frisco Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 12 19 2014 City State Zip Code Transaction ID: SA11AI.5033 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 26 12 2014 City Zip Code State Transaction ID: SA11AI.5085 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼

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| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any persone name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
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| NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES | INC POLITICAL ACTION COMMITTEE | E (MAXIM HEALTHCARE PAC) |
| Full Name (Last, First, Middle Initial) Laura L Hughes | | Date of Receipt |
| Mailing Address 19914 Gunpowder Road | | 11 28 2014 |
| City | State Zip Code | Transaction ID : SA11AI.4877 |
| Munchester | MD 21102 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | VP of Medicare West & Central | |
| Receipt For: | Aggregate Year-to-Date ▼ | - |
| Primary General | Aggregate rear-to-Date ▼ | |
| Other (specify) ▼ | 510.00 | |
| Full Name (Last, First, Middle Initial) Laura L Hughes | | Date of Receipt |
| Mailing Address 19914 Gunpowder Road | | 12 05 2014 |
| City | State Zip Code | Transaction ID : SA11AI.4930 |
| Munchester | MD 21102 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | VP of Medicare West & Central | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 540.00 | |
| Full Name (Last, First, Middle Initial) C. Laura L Hughes | 1 | Date of Receipt |
| Mailing Address 19914 Gunpowder Road | | 12 12 2014 |
| City | State Zip Code | Transaction ID : SA11AI.4982 |
| Munchester | MD 21102 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | VP of Medicare West & Central | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 570.00 | |
| SUBTOTAL of Receipts This Page (optional) | • | 90.00 |
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| | Statements may not be sold or used by any pers e name and address of any political committee to | |
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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) Laura L Hughes Mailing Address 19914 Gunpowder Road | | Date of Receipt |
| City | State Zip Code | 12 19 2014 |
| Munchester | MD 21102 | Transaction ID : SA11AI.5034 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| 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 | |
| Full Name (Last, First, Middle Initial) Laura L Hughes | | Date of Receipt |
| Mailing Address 19914 Gunpowder Road City Munchester | State Zip Code MD 21102 | 12 26 2014 Transaction ID : SA11AI.5086 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 30.00 |
| 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 | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address 508 Wilton Road | | 11 28 2014 |
| City Towson | State Zip Code MD 21286 | Transaction ID : SA11AI.4871 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 28.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc Receipt For: | Chief Culture Officer Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 448.00 | |
| SUBTOTAL of Receipts This Page (optional) | > | 88.00 |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| Full Name (Last, First, Middle Initial) Timothy L. Kuhn | | Date of Receipt |
|--|---------------------------------------|--|
| Mailing Address 508 Wilton Road | | 12 05 2014 |
| City | State Zip Code | Transaction ID : SA11AI.4925 |
| Towson | MD 21286 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 28.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Chief Culture Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 476.00 | |
| Full Name (Last, First, Middle Initial) Timothy L. Kuhn | ' | Date of Receipt |
| Mailing Address 508 Wilton Road | | M = M / D = D / Y = Y = Y |
| City | State Zin Codo | 12 12 2014 |
| City Towson | State Zip Code MD 21286 | Transaction ID : SA11AI.4977 |
| | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 28.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Chief Culture Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 504.00 | |
| Full Name (Last, First, Middle Initial) Timothy L. Kuhn | · · · · · · · · · · · · · · · · · · · | Date of Receipt |
| Mailing Address 508 Wilton Road | | 12 19 / Y = Y = Y = Y |
| City Towson | State Zip Code MD 21286 | Transaction ID : SA11AI.5029 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 28.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Chief Culture Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | |
| | 532.00 | I. |

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| Full Nam Timoth | e (Last, First, Middle Initial) y L. Kuhn | S INC POLITICAL ACTION COMMITTEE | Date of Receipt |
|-------------------|---|----------------------------------|--|
| Mailing A | ddress 508 Wilton Road | | 12 26 2014 |
| City | | State Zip Code | Transaction ID : SA11AI.5081 |
| Towson | | MD 21286 | Amount of Each Receipt this Period |
| | number of contributing political committee. | C | 28.00 |
| Name of | Employer | Occupation | |
| | ealthcare Services Inc | Chief Culture Officer | |
| Receipt F | | Aggregate Year-to-Date ▼ | |
| | mary ☐ General ler (specify) ▼ | 560.00 | |
| . Jerem | e (Last, First, Middle Initial) y T. Markewicz | | Date of Receipt |
| Mailing A | ddress 2678 Westbreeze Dr | | M = M / D = D / Y = Y = Y |
| City | | State Zip Code | 12 26 2014 |
| Hilliard | | OH 43026 | Transaction ID : SA11AI.5060 Amount of Each Receipt this Period |
| | number of contributing | | Amount of Lacif neceipt this Period |
| federal p | olitical committee. | [C] | 9.62 |
| | Employer | Occupation | |
| | ealthcare Services Inc | Area Vice President | |
| Receipt F | For: mary General | Aggregate Year-to-Date ▼ | |
| | ler (specify) ▼ | 202.02 | |
| | e (Last, First, Middle Initial) y C Middleton | ' | Date of Receipt |
| | ddress 213 St Dunstans Road | | 11 28 2014 |
| City Baltimore | | State Zip Code MD 21212 | Transaction ID : SA11AI.4872 Amount of Each Receipt this Period |
| | number of contributing political committee. | C | 28.84 |
| Name of | Employer | Occupation | |
| | ealthcare Services Inc | Vice President Clinical Affair | |
| Receipt F | | Aggregate Year-to-Date ▼ | |
| | mary General | | |
| | er (specify) ▼ | 461.44 | |

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| NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES I | NC POLITICAL ACTION COMMITTEE | (MAXIM HEALTHCARE PAC) |
| Full Name (Last, First, Middle Initial) Deeley C Middleton Mailing Address 213 St Dunstans Road | | Date of Receipt |
| | | 12 05 2014 |
| City | State Zip Code MD 21212 | Transaction ID : SA11AI.4926 |
| Baltimore | 21212 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 28.84 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Vice President Clinical Affair | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 490.28 | |
| Full Name (Last, First, Middle Initial) 3. Deeley C Middleton | | Date of Receipt |
| Mailing Address 213 St Dunstans Road | | 12 12 2014 _ |
| City | State Zip Code | Transaction ID : SA11AI.4978 |
| Baltimore | MD 21212 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 28.84 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Vice President Clinical Affair | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 519.12 | |
| Full Name (Last, First, Middle Initial) Deeley C Middleton | | Date of Receipt |
| Mailing Address 213 St Dunstans Road | | 12 19 _ 2014 _ |
| City | State Zip Code | Transaction ID : SA11AI.5030 |
| Baltimore | MD 21212 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 28.84 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Vice President Clinical Affair | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 547.96 | |
| SUBTOTAL of Receipts This Page (optional) | | 86.52 |
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| Transaction ID : SA11AI.4923 |
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| or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) | ng the name and address of any political committee | to solicit contributions from such committee. |
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| / | ES INC POLITICAL ACTION COMMITTE | EE (MAXIM HEALTHCARE PAC) |
| Full Name (Last, First, Middle Initial) Marsha C Plaine | | Date of Receipt |
| Mailing Address 3503 Nelson Meadow Lr | | 12 12 2014 |
| City | State Zip Code | Transaction ID : SA11AI.4975 |
| Greensboro | NC 27406 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.00 |
| Name of Employer | Occupation | |
| Maxim Healthcare Services Inc | Area Clinical Specialist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 285.00 | |
| Full Name (Last, First, Middle Initial) Marsha C Plaine | ' | Date of Receipt |
| Mailing Address 3503 Nelson Meadow Lr | 1 | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | 12 19 2014 Transaction ID : SA11AI.5027 |
| Greensboro | NC 27406 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 15.00 |
| Name of Employer | Occupation | _ |
| Maxim Healthcare Services Inc | Area Clinical Specialist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) Marsha C Plaine | | Date of Receipt |
| Mailing Address 3503 Nelson Meadow Lr | n | 12 26 2014 |
| City | State Zip Code | Transaction ID : SA11AI.5079 |
| Greensboro | NC 27406 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.00 |
| Name of Employer | Occupation | \dashv |
| Maxim Healthcare Services Inc | Area Clinical Specialist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 315.00 | |
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Other (specify)

Primary

Other (specify)

General

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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 (Last, First, Middle Initial) Daniel J Santobianco Date of Receipt Mailing Address 216 Shawmont Ave 2014 28 City State Zip Code Transaction ID: SA11AI.4880 PΑ Philadelphia 19128 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. John P Smalley Date of Receipt Mailing Address 7990 E. Snyder #4202 12 26 2014 City State Zip Code Transaction ID: SA11AI.5070 ΑZ Tucson 85750 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General

Full Name (Last, First, Middle Initial) c. Nathan Speer Date of Receipt Mailing Address 524 Toledo Dr 26 2014 12 City Zip Code State Transaction ID: SA11AI.5062 PΑ Lowe Burrell 15068 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation **Director - National Accounts** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼

210.00

210.00

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| NAME OF COMMITTEE (In Full) | ne and address of any pointed | . committee | to solicit conti | ibutions | 110111 30 | CIT COITIIII | iicc. |
| MAXIM HEALTHCARE SERVICES INC | POLITICAL ACTION CO | OMMITTE | E (MAXIM | HEAL ⁻ | ГНСАР | RE PAC |) |
| | | | | | | | , |
| Full Name (Last, First, Middle Initial) | | | Data of F | · - I | | | |
| A. Wells Fargo | | | Date of D | | | | |
| Mailing Address 1100 Connecticut Ave NW | | | 12 | 31 | | 2014 | Y |
| | | | | | | | |
| • | State Zip Code | | Transac | tion ID | : SB21B | .4825 | |
| Washington Purpose of Disbursement | DC 20036 | | | | | | |
| Bank Fees | | | Amount o | f Each | Disburse | ment this | Period |
| Candidate Name | | Category/ | | | | | |
| | | Type | | 7 | | 4 | 5.00 |
| | ment For: | | | | | | |
| Senate President | Primary General Other (specify) ▼ | | | | | | |
| State: District: | Curior (opeony) | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| B. | | | Date of D |)isburseı | ment | | |
| | | | M = M | / D | D / | YYY | Y |
| Mailing Address | | | | | | | |
| City | State Zip Code | | | | | | |
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| Candidate Name | | 0 | Amount | Lacii | Disbuise | ineni ins | renou |
| | | Category/ Type | | 7 | | | |
| Office Sought: House Disburser | ment For: | | | | | | |
| Senate | Primary General | | | | | | |
| President State: District: | Other (specify) | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| C. | | | Date of D |)isburseı | ment | | |
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| o.,, | p | | | | | | |
| Purpose of Disbursement | | | | | | | |
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| Office Sought: House Disburser | ment For: | Турс | | 7 | 7 | | |
| Senate | Primary General | | | | | | |
| President | Other (specify) ▼ | | | | | | |
| State: District: | | | | | | | |
| SUPTOTAL of Disbursoments This Boss (entione) | | - | | | | 4 | 5.00 |
| SUBTOTAL of Disbursements This Page (optional) | | ······ | - | 7 | | | |
| TOTAL This Period (last page this line number only) |) | ·····• | | 7 | | 4 | 5.00 |

| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 26 OF 26 |
|--|--|------------------|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) | (check only | INOMBEIT. |
| | for each category of the Detailed Summary Page | 21b | 22 🗙 23 🗆 24 🗆 25 🖂 26 |
| | _ states sammary rage | 27 | 28a 28b 28c 29 30l |
| Any information copied from such Reports and Staten | | | |
| or for commercial purposes, other than using the name | e and address of any politi | cal committee to | solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | DOLUTION ACTION | | (MAAYIMALIEAL TUQABE BAQ) |
| MAXIM HEALTHCARE SERVICES INC | POLITICAL ACTION (| COMMITTEE | (MAXIM HEALTHCARE PAC) |
| Full Name (Last, First, Middle Initial) | | | |
| A. MIKULSKI FOR SENATE COMMIT | Date of Disbursement | | |
| | | | M = M / D = D / Y = Y = Y |
| Mailing Address PO BOX 13147 | | | 12 29 2014 |
| City | State Zip Code | | |
| | MD 21203 | | Transaction ID : SB23.4826 |
| Purpose of Disbursement | | | |
| Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 1000.00 |
| BARBARA MIKULSKI | | Туре | 1000.00 |
| | nent For: 2016 | | |
| Senate President | Primary General Other (specify) | | |
| State: MD District: 00 | Cirici (opcony) | | |
| Full Name (Last, First, Middle Initial) | | | |
| B. | | | Date of Disbursement |
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| SUBTOTAL of Disbursements This Page (optional) | | ····· | 1000.00 |
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| TOTAL This Period (last page this line number only) | | | 1000.00 |