

**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  /  /  in the State of

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

Election on  /  /  in the State of

5. Covering Period  /  /  2015 through  /  /  2015

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

 /  /  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 Y  
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">14575.31</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">14575.31</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">22272.27</span>	<span style="border: 1px solid black; padding: 2px;">22272.27</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">36847.58</span>	<span style="border: 1px solid black; padding: 2px;">36847.58</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">21668.00</span>	<span style="border: 1px solid black; padding: 2px;">21668.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">15179.58</span>	<span style="border: 1px solid black; padding: 2px;">15179.58</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

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).....	13526.52	13526.52
(ii) Unitemized .....	8745.75	8745.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	22272.27	22272.27
(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) .....	22272.27	22272.27
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)) .....	22272.27	22272.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22272.27	22272.27

# **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 .....	168.00	168.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	168.00	168.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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 .....	20500.00	20500.00
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)) ..	21668.00	21668.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21668.00	21668.00

**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) .....	22272.27	22272.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22272.27	22272.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	168.00	168.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	168.00	168.00

# **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 117

☒ 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)

## **A. Michael I Beams**

Mailing Address 3035 Panama Avenue

City State Zip Code  
 Carmichael CA 95608

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

**Transaction ID : SA11AI.5117**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Kyle Billington**

Mailing Address 2009 White Oak Ct

City State Zip Code  
 Moon Township PA 15108

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2015

**Transaction ID : SA11AI.5144**

Amount of Each Receipt this Period

520.00

Full Name (Last, First, Middle Initial)

## **C. Kathleen M Biniak**

Mailing Address 6250 Kipps Colony Ct S  
 #302

City State Zip Code  
 Gulfport FL 33707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director - Reflectx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

**Transaction ID : SA11AI.5164**

Amount of Each Receipt this Period

10.00

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

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

1030.00

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

 Use separate schedule(s)  
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 117

(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. Kathleen M Biniak**
 Mailing Address 6250 Kipps Colony Ct S  
 #302

 City State Zip Code  
 Gulfport FL 33707

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director - Reflectx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

Transaction ID : SA11AI.5165

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Kathleen M Biniak**
 Mailing Address 6250 Kipps Colony Ct S  
 #302

 City State Zip Code  
 Gulfport FL 33707

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director - Reflectx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

Transaction ID : SA11AI.5166

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Kathleen M Biniak**
 Mailing Address 6250 Kipps Colony Ct S  
 #302

 City State Zip Code  
 Gulfport FL 33707

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director - Reflectx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

Transaction ID : SA11AI.5167

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)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 8 OF 117

☒ 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. Kathleen M Biniak**

Mailing Address 6250 Kipps Colony Ct S  
#302

City State Zip Code  
Gulfport FL 33707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director - Reflectx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2015

Transaction ID : SA11AI.5169

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Kathleen M Biniak**

Mailing Address 6250 Kipps Colony Ct S  
#302

City State Zip Code  
Gulfport FL 33707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director - Reflectx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2015

Transaction ID : SA11AI.5168

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Christopher Bodmer**

Mailing Address 903 Sill Ridge Drive

City State Zip Code  
O'Fallon MO 63368

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

MM / DD / YYYY  
05 / 22 / 2015

Transaction ID : SA11AI.5189

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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 117

☒ 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. Christopher Bodmer**

Mailing Address 903 Sill Ridge Drive

City

O'Fallon

State

MO

Zip Code

63368

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 ▼

220.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11AI.5190

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Christopher Bodmer**

Mailing Address 903 Sill Ridge Drive

City

O'Fallon

State

MO

Zip Code

63368

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 ▼

230.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.5191

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Christopher Bodmer**

Mailing Address 903 Sill Ridge Drive

City

O'Fallon

State

MO

Zip Code

63368

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 ▼

240.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.5192

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)  
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 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 10 OF 117

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Christopher Bodmer**

Mailing Address 903 Sill Ridge Drive

City

O'Fallon

State

MO

Zip Code

63368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.5194

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Christopher Bodmer**

Mailing Address 903 Sill Ridge Drive

City

O'Fallon

State

MO

Zip Code

63368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.5193

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Steven L Burke**

Mailing Address 701 W Hampton Ave

City

Loves Park

State

IL

Zip Code

61111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2015

Transaction ID : SA11AI.5221

Amount of Each Receipt this Period

250.00

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

270.00

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 11 OF 117

(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. 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2015

**Transaction ID : SA11AI.5237**

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2015

**Transaction ID : SA11AI.5238**

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

**Transaction ID : SA11AI.5239**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 117

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

Transaction ID : SA11AI.5240

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 ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : SA11AI.5241

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 ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : SA11AI.5242

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 13 OF 117

(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. 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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : SA11AI.5243**

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2015

**Transaction ID : SA11AI.5244**

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2015

**Transaction ID : SA11AI.5245**

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:  
(check only one)

PAGE 14 OF 117

☒ 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

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2015

**Transaction ID : SA11AI.5246**

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

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2015

**Transaction ID : SA11AI.5247**

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

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015

**Transaction ID : SA11AI.5248**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 117

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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 ▼

570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : SA11AI.5249

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 M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : SA11AI.5250

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 ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.5251

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 16 OF 117

(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. 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 ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

**Transaction ID : SA11AI.5252**

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 ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

**Transaction ID : SA11AI.5253**

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.5254**

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 117

(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. 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

Transaction ID : SA11AI.5256

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

Transaction ID : SA11AI.5255

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. James Davis**

Mailing Address P.O. Box 468

City State Zip Code  
 Hanover MD 21076

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

Transaction ID : SA11AI.6464

Amount of Each Receipt this Period

5000.00

Contribution

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

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

5060.00

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

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

FOR LINE NUMBER: PAGE 18 OF 117

(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 Occupation  
 Maxim Healthcare Services Inc Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2015

**Transaction ID : SA11AI.5374**

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 Occupation  
 Maxim Healthcare Services Inc Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : SA11AI.5375**

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 Occupation  
 Maxim Healthcare Services Inc Regional 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 Y  
 02 / 27 / 2015

**Transaction ID : SA11AI.5376**

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 19 OF 117

(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 Occupation  
 Maxim Healthcare Services Inc Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11AI.5377**

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 Occupation  
 Maxim Healthcare Services Inc Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : SA11AI.5378**

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 Occupation  
 Maxim Healthcare Services Inc Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : SA11AI.5379**

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:  
(check only one)

PAGE 20 OF 117

☒ 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

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11AI.5380**

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

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015

**Transaction ID : SA11AI.5381**

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

Regional 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 Y  
 04 / 10 / 2015

**Transaction ID : SA11AI.5382**

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 21 OF 117

(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 Occupation  
 Maxim Healthcare Services Inc Regional 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 Y  
 04 / 17 / 2015

**Transaction ID : SA11AI.5383**

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 Occupation  
 Maxim Healthcare Services Inc Regional 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 Y  
 04 / 24 / 2015

**Transaction ID : SA11AI.5384**

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 Occupation  
 Maxim Healthcare Services Inc Regional 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 Y  
 05 / 01 / 2015

**Transaction ID : SA11AI.5385**

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 22 OF 117

(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 Occupation  
 Maxim Healthcare Services Inc Regional 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 Y  
 05 / 08 / 2015

**Transaction ID : SA11AI.5386**

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 Occupation  
 Maxim Healthcare Services Inc Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2015

**Transaction ID : SA11AI.5387**

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 Occupation  
 Maxim Healthcare Services Inc Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

**Transaction ID : SA11AI.5388**

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 117

(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 Occupation  
 Maxim Healthcare Services Inc Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 29 2015

**Transaction ID : SA11AI.5389**

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 Occupation  
 Maxim Healthcare Services Inc Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 05 2015

**Transaction ID : SA11AI.5390**

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 Occupation  
 Maxim Healthcare Services Inc Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 12 2015

**Transaction ID : SA11AI.5391**

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)  
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FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 117

☒ 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

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.5393

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

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.5392

Amount of Each Receipt this Period

30.00

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 ▼

210.00

Date of Receipt

04 / 03 / 2015

Transaction ID : SA11AI.5406

Amount of Each Receipt this Period

15.00

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

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

75.00



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

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

FOR LINE NUMBER: PAGE 25 OF 117

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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. 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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 10 / 2015

Transaction ID : SA11AI.5407

Amount of Each Receipt this Period

15.00

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 17 / 2015

Transaction ID : SA11AI.5408

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 24 / 2015

Transaction ID : SA11AI.5409

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:  
(check only one)

PAGE 26 OF 117

☒ 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. 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015

**Transaction ID : SA11AI.5410**

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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

**Transaction ID : SA11AI.5411**

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2015

**Transaction ID : SA11AI.5412**

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 117

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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. 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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

**Transaction ID : SA11AI.5413**

Amount of Each Receipt this Period

15.00

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

**Transaction ID : SA11AI.5414**

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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

**Transaction ID : SA11AI.5415**

Amount of Each Receipt this Period

15.00

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

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

45.00

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

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 117

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☐ 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. 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 ▼

360.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.5416

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 ▼

375.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.5418

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 ▼

390.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.5417

Amount of Each Receipt this Period

15.00

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

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

45.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 117

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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. Micah Ensor**

Mailing Address 6965 Old River Road

City State Zip Code  
Nashville TN 37209

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Maxim Healthcare Services Inc Director of Field Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 22 2015

Transaction ID : SA11AI.5512

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Micah Ensor**

Mailing Address 6965 Old River Road

City State Zip Code  
Nashville TN 37209

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Maxim Healthcare Services Inc Director of Field Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 29 2015

Transaction ID : SA11AI.5513

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Micah Ensor**

Mailing Address 6965 Old River Road

City State Zip Code  
Nashville TN 37209

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Maxim Healthcare Services Inc Director of Field Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 05 2015

Transaction ID : SA11AI.5514

Amount of Each Receipt this Period

10.00

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

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

30.00

# **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 30 OF 117

☒ 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. Micah Ensor**

Mailing Address 6965 Old River Road

City

Nashville

State

TN

Zip Code

37209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Field Support

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.5515**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Micah Ensor**

Mailing Address 6965 Old River Road

City

Nashville

State

TN

Zip Code

37209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Field Support

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : SA11AI.5517**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Micah Ensor**

Mailing Address 6965 Old River Road

City

Nashville

State

TN

Zip Code

37209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Field Support

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SA11AI.5516**

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:  
(check only one)

PAGE 31 OF 117

☒ 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 Amy Feldman**

Mailing Address 10711 Huntwood Drive

City

Silver Spring

State

MD

Zip Code

20901

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

05 / 22 / 2015

Transaction ID : SA11AI.5537

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Chani Amy Feldman**

Mailing Address 10711 Huntwood Drive

City

Silver Spring

State

MD

Zip Code

20901

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

05 / 29 / 2015

Transaction ID : SA11AI.5538

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Chani Amy Feldman**

Mailing Address 10711 Huntwood Drive

City

Silver Spring

State

MD

Zip Code

20901

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 ▼

230.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.5539

Amount of Each Receipt this Period

10.00

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

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

30.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 117

(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. Chani Amy Feldman**

Mailing Address 10711 Huntwood Drive

City State Zip Code  
Silver Spring MD 20901

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Maxim Healthcare Services Inc Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.5540**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Chani Amy Feldman**

Mailing Address 10711 Huntwood Drive

City State Zip Code  
Silver Spring MD 20901

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Maxim Healthcare Services Inc Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : SA11AI.5542**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Chani Amy Feldman**

Mailing Address 10711 Huntwood Drive

City State Zip Code  
Silver Spring MD 20901

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Maxim Healthcare Services Inc Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SA11AI.5541**

Amount of Each Receipt this Period

10.00

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

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

30.00



# **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 33 OF 117

☒ 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. Elizabeth D Fernie**

Mailing Address 130 Cheswood Manor Dr

City

The Woodlands

State

TX

Zip Code

77382

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

05 / 22 / 2015

Transaction ID : SA11AI.5562

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Elizabeth D Fernie**

Mailing Address 130 Cheswood Manor Dr

City

The Woodlands

State

TX

Zip Code

77382

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 ▼

220.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11AI.5563

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth D Fernie**

Mailing Address 130 Cheswood Manor Dr

City

The Woodlands

State

TX

Zip Code

77382

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 ▼

230.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.5564

Amount of Each Receipt this Period

10.00

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

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

30.00

# 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 34 OF 117

☒ 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. Elizabeth D Fernie

Mailing Address 130 Cheswood Manor Dr

City

The Woodlands

State

TX

Zip Code

77382

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 ▼

240.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.5565

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Elizabeth D Fernie

Mailing Address 130 Cheswood Manor Dr

City

The Woodlands

State

TX

Zip Code

77382

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 ▼

250.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.5567

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Elizabeth D Fernie

Mailing Address 130 Cheswood Manor Dr

City

The Woodlands

State

TX

Zip Code

77382

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 ▼

260.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.5566

Amount of Each Receipt this Period

10.00

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

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

30.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 117

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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. Kris Frank**

Mailing Address 4771 Marlborough Way

City State Zip Code  
Carmichael CA 95608

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 Y  
05 / 22 / 2015

Transaction ID : SA11AI.5612

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Kris Frank**

Mailing Address 4771 Marlborough Way

City State Zip Code  
Carmichael CA 95608

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 Y  
05 / 29 / 2015

Transaction ID : SA11AI.5613

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Kris Frank**

Mailing Address 4771 Marlborough Way

City State Zip Code  
Carmichael CA 95608

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.5614

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 117

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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. Kris Frank**

Mailing Address 4771 Marlborough Way

City State Zip Code  
Carmichael CA 95608

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.5615**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Kris Frank**

Mailing Address 4771 Marlborough Way

City State Zip Code  
Carmichael CA 95608

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : SA11AI.5617**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Kris Frank**

Mailing Address 4771 Marlborough Way

City State Zip Code  
Carmichael CA 95608

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SA11AI.5616**

Amount of Each Receipt this Period

10.00

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

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

30.00

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

PAGE 37 OF 117

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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 ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : SA11AI.5623

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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

Transaction ID : SA11AI.5624

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

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 ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : SA11AI.5625

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:  
(check only one)

PAGE 38 OF 117

☒ 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2015

**Transaction ID : SA11AI.5626**

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : SA11AI.5627**

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

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : SA11AI.5628**

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**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 117

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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. 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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 27 2015

**Transaction ID : SA11AI.5629**

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 03 2015

**Transaction ID : SA11AI.5630**

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 10 2015

**Transaction ID : SA11AI.5631**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 117

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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**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 ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2015

Transaction ID : SA11AI.5632

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 ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Transaction ID : SA11AI.5633

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

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 ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : SA11AI.5634

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:  
(check only one)

PAGE 41 OF 117

☒ 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 ▼

570.00

Date of Receipt

05 / 08 / 2015

Transaction ID : SA11AI.5635

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 ▼

600.00

Date of Receipt

05 / 15 / 2015

Transaction ID : SA11AI.5636

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

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 ▼

630.00

Date of Receipt

05 / 22 / 2015

Transaction ID : SA11AI.5637

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**

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for each category of the  
Detailed Summary Page

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PAGE 42 OF 117

☒ 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 ▼

660.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11AI.5638

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 ▼

690.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.5639

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

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 ▼

720.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.5640

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:  
(check only one)

PAGE 43 OF 117

☒ 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

Transaction ID : SA11AI.5642

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

Transaction ID : SA11AI.5641

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : SA11AI.5678

Amount of Each Receipt this Period

20.00

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

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

80.00

# **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 44 OF 117

☒ 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

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

Transaction ID : SA11AI.5679

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

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

Transaction ID : SA11AI.5680

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

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2015

Transaction ID : SA11AI.5681

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: PAGE 45 OF 117  
(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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2015

**Transaction ID : SA11AI.5682**

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015

**Transaction ID : SA11AI.5683**

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2015

**Transaction ID : SA11AI.5684**

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 46 OF 117

☒ 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

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

05 / 01 / 2015

Transaction ID : SA11AI.5685

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

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 ▼

380.00

Date of Receipt

05 / 08 / 2015

Transaction ID : SA11AI.5686

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

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 ▼

400.00

Date of Receipt

05 / 15 / 2015

Transaction ID : SA11AI.5687

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 47 OF 117

☒ 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

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 ▼

420.00

Date of Receipt

05 / 22 / 2015

Transaction ID : SA11AI.5688

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

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 ▼

440.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11AI.5689

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

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 ▼

460.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.5690

Amount of Each Receipt this Period

20.00

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 117  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	5

**Transaction ID : SA11AI.5691**

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

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	5

**Transaction ID : SA11AI.5693**

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

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

**Transaction ID : SA11AI.5692**

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**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 117

☒ 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. Garrett Ryan Goad**

Mailing Address 4734 Crater Rim Rd

City

Carlsbad

State

CA

Zip Code

92010

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

05 / 22 / 2015

Transaction ID : SA11AI.5713

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Garrett Ryan Goad**

Mailing Address 4734 Crater Rim Rd

City

Carlsbad

State

CA

Zip Code

92010

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 ▼

220.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11AI.5714

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Garrett Ryan Goad**

Mailing Address 4734 Crater Rim Rd

City

Carlsbad

State

CA

Zip Code

92010

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 ▼

230.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.5715

Amount of Each Receipt this Period

10.00

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

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

30.00

# **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 50 OF 117

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

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

Full Name (Last, First, Middle Initial)

**A. Garrett Ryan Goad**

Mailing Address 4734 Crater Rim Rd

City

Carlsbad

State

CA

Zip Code

92010

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 ▼

240.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.5716

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Garrett Ryan Goad**

Mailing Address 4734 Crater Rim Rd

City

Carlsbad

State

CA

Zip Code

92010

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 ▼

250.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.5718

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Garrett Ryan Goad**

Mailing Address 4734 Crater Rim Rd

City

Carlsbad

State

CA

Zip Code

92010

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 ▼

260.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.5717

Amount of Each Receipt this Period

10.00

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

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

30.00

# **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 51 OF 117

☒ 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 State Zip Code  
 Frisco 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2015

**Transaction ID : SA11AI.5724**

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 State Zip Code  
 Frisco 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : SA11AI.5725**

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 State Zip Code  
 Frisco 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11AI.5726**

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:  
(check only one)

PAGE 52 OF 117

☒ 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 State Zip Code  
 Frisco 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11AI.5727**

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 State Zip Code  
 Frisco 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : SA11AI.5728**

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 State Zip Code  
 Frisco 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : SA11AI.5729**

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:  
(check only one)

PAGE 53 OF 117

☒ 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 State Zip Code  
Frisco 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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : SA11AI.5730**

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 State Zip Code  
Frisco 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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2015

**Transaction ID : SA11AI.5731**

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 State Zip Code  
Frisco 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 Y  
04 / 10 / 2015

**Transaction ID : SA11AI.5732**

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:  
(check only one)

PAGE 54 OF 117

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

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**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 State Zip Code  
 Frisco 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 Y  
 04 / 17 / 2015

**Transaction ID : SA11AI.5733**

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 State Zip Code  
 Frisco 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 ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2015

**Transaction ID : SA11AI.5734**

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 State Zip Code  
 Frisco 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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2015

**Transaction ID : SA11AI.5735**

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**

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FOR LINE NUMBER:  
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PAGE 55 OF 117

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

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Full Name (Last, First, Middle Initial)

**A. Jeremy Ben Goldberg**

Mailing Address 6484 Mountain Sky Road

City State Zip Code  
 Frisco 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 ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : SA11AI.5736**

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 State Zip Code  
 Frisco 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2015

**Transaction ID : SA11AI.5737**

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 State Zip Code  
 Frisco 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 ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

**Transaction ID : SA11AI.5738**

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:  
(check only one)

PAGE 56 OF 117

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

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Full Name (Last, First, Middle Initial)

**A. Jeremy Ben Goldberg**

Mailing Address 6484 Mountain Sky Road

City State Zip Code  
Frisco 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 ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

**Transaction ID : SA11AI.5739**

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 State Zip Code  
Frisco 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 ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

**Transaction ID : SA11AI.5740**

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 State Zip Code  
Frisco 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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.5741**

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:  
(check only one)

PAGE 57 OF 117

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

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Full Name (Last, First, Middle Initial)

**A. Jeremy Ben Goldberg**

Mailing Address 6484 Mountain Sky Road

City State Zip Code  
 Frisco 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 ▼

750.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.5743

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 State Zip Code  
 Frisco 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 ▼

780.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.5742

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  
 Manchester 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 ▼

210.00

Date of Receipt

02 / 13 / 2015

Transaction ID : SA11AI.5774

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:  
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PAGE 58 OF 117

☒ 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

Manchester

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 ▼

240.00

Date of Receipt

MM / DD / YYYY  
02 / 20 / 2015

Transaction ID : SA11AI.5775

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Laura L Hughes**

Mailing Address 19914 Gunpowder Road

City

Manchester

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 ▼

270.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2015

Transaction ID : SA11AI.5776

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Laura L Hughes**

Mailing Address 19914 Gunpowder Road

City

Manchester

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 ▼

300.00

Date of Receipt

MM / DD / YYYY  
03 / 06 / 2015

Transaction ID : SA11AI.5777

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 59 OF 117

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

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**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  
 Manchester MD 21102

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Maxim Healthcare Services Inc VP of Medicare West & Central

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : SA11AI.5778**

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  
 Manchester MD 21102

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Maxim Healthcare Services Inc VP of Medicare West & Central

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : SA11AI.5779**

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  
 Manchester MD 21102

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Maxim Healthcare Services Inc VP of Medicare West & Central

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11AI.5780**

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:  
(check only one)

PAGE 60 OF 117

☒ 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

Manchester

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 ▼

420.00

Date of Receipt

04 / 03 / 2015

**Transaction ID : SA11AI.5781**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Laura L Hughes**

Mailing Address 19914 Gunpowder Road

City

Manchester

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 ▼

450.00

Date of Receipt

04 / 10 / 2015

**Transaction ID : SA11AI.5782**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Laura L Hughes**

Mailing Address 19914 Gunpowder Road

City

Manchester

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 ▼

480.00

Date of Receipt

04 / 17 / 2015

**Transaction ID : SA11AI.5783**

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:  
 (check only one)

PAGE 61 OF 117

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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

Manchester

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 &amp; Central

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Transaction ID : SA11AI.5784

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Laura L Hughes**

Mailing Address 19914 Gunpowder Road

City

Manchester

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 &amp; Central

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : SA11AI.5785

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Laura L Hughes**

Mailing Address 19914 Gunpowder Road

City

Manchester

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 &amp; Central

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : SA11AI.5786

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 62 OF 117

(check only one)

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

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Full Name (Last, First, Middle Initial)

**A. Laura L Hughes**

Mailing Address 19914 Gunpowder Road

City State Zip Code  
 Manchester MD 21102

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Maxim Healthcare Services Inc VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
 05 / 15 / 2015

Transaction ID : SA11AI.5787

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  
 Manchester MD 21102

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Maxim Healthcare Services Inc VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

MM / DD / YYYY  
 05 / 22 / 2015

Transaction ID : SA11AI.5788

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  
 Manchester MD 21102

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Maxim Healthcare Services Inc VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

MM / DD / YYYY  
 05 / 29 / 2015

Transaction ID : SA11AI.5789

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:  
 (check only one)

PAGE 63 OF 117

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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

Manchester

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 &amp; Central

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.5790

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Laura L Hughes**

Mailing Address 19914 Gunpowder Road

City

Manchester

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 &amp; Central

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.5791

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Laura L Hughes**

Mailing Address 19914 Gunpowder Road

City

Manchester

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 &amp; Central

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.5793

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 117

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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

Manchester

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 &amp; Central

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : SA11AI.5792

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Matthew Johnston**

Mailing Address 14017 Bradshaw St.

City

Overland Park

State

KS

Zip Code

66221

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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2015

Transaction ID : SA11AI.5795

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Matthew Johnston**

Mailing Address 14017 Bradshaw St.

City

Overland Park

State

KS

Zip Code

66221

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 ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

Transaction ID : SA11AI.5796

Amount of Each Receipt this Period

250.00

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

530.00

**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 65 OF 117

(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. Matthew Johnston**

Mailing Address 14017 Bradshaw St.

City State Zip Code  
 Overland Park KS 66221

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

Transaction ID : SA11AI.5797

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Robert Krause**

Mailing Address 817 N. Anderson St.

City State Zip Code  
 Tacoma WA 98406

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Divisional Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

Transaction ID : SA11AI.5828

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Robert Krause**

Mailing Address 817 N. Anderson St.

City State Zip Code  
 Tacoma WA 98406

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Divisional Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

Transaction ID : SA11AI.5829

Amount of Each Receipt this Period

10.00

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

270.00

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 66 OF 117

☒ 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 Krause**

Mailing Address 817 N. Anderson St.

City State Zip Code  
Tacoma WA 98406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Divisional Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY  
06 / 05 / 2015

**Transaction ID : SA11AI.5830**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. Robert Krause**

Mailing Address 817 N. Anderson St.

City State Zip Code  
Tacoma WA 98406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Divisional Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 12 / 2015

**Transaction ID : SA11AI.5831**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **C. Robert Krause**

Mailing Address 817 N. Anderson St.

City State Zip Code  
Tacoma WA 98406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Divisional Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2015

**Transaction ID : SA11AI.5833**

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:  
(check only one)

PAGE 67 OF 117

☒ 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 Krause**

Mailing Address 817 N. Anderson St.

City

Tacoma

State

WA

Zip Code

98406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Divisional Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.5832

Amount of Each Receipt this Period

10.00

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 ▼

224.00

Date of Receipt

02 / 20 / 2015

Transaction ID : SA11AI.5865

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 ▼

252.00

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.5866

Amount of Each Receipt this Period

28.00

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

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

66.00

# **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 68 OF 117

☒ 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 ▼

280.00

Date of Receipt

03 / 06 / 2015

**Transaction ID : SA11AI.5867**

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 ▼

308.00

Date of Receipt

03 / 13 / 2015

**Transaction ID : SA11AI.5868**

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 ▼

336.00

Date of Receipt

03 / 20 / 2015

**Transaction ID : SA11AI.5869**

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 69 OF 117  
(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. 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 ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 27 2015

Transaction ID : SA11AI.5870

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 03 2015

Transaction ID : SA11AI.5871

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 10 2015

Transaction ID : SA11AI.5872

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 70 OF 117

(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. 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 ▼

448.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2015

**Transaction ID : SA11AI.5873**

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2015

**Transaction ID : SA11AI.5874**

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015

**Transaction ID : SA11AI.5875**

Amount of Each Receipt this Period

28.00

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

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

84.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 117  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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 ▼

532.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

**Transaction ID : SA11AI.5876**

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

**B. 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 M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : SA11AI.5877**

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

**Transaction ID : SA11AI.5878**

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 72 OF 117

(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. 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 ▼

616.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

**Transaction ID : SA11AI.5879**

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

644.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

**Transaction ID : SA11AI.5880**

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.5881**

Amount of Each Receipt this Period

28.00

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

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

84.00



# **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 73 OF 117

☒ 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 ▼

700.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.5883

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 ▼

728.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.5882

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

**C. Jeremy T. Markewicz**

Mailing Address 2678 Westbreeze Dr

City

Hilliard

State

OH

Zip Code

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

05 / 22 / 2015

Transaction ID : SA11AI.5903

Amount of Each Receipt this Period

9.62

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

65.62

**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 74 OF 117

(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 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 ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

Transaction ID : SA11AI.5904

Amount of Each Receipt this Period

9.62

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 ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.5905

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

**C. 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 ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

Transaction ID : SA11AI.5906

Amount of Each Receipt this Period

9.62

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

28.86

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 117

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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 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 ▼

240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.5908

Amount of Each Receipt this Period

9.62

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 ▼

250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.5907

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

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : SA11AI.5939

Amount of Each Receipt this Period

28.84

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

48.08

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 76 OF 117

☒ 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

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.72

Date of Receipt

02 / 20 / 2015

Transaction ID : SA11AI.5940

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

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

259.56

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.5941

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

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

288.40

Date of Receipt

03 / 06 / 2015

Transaction ID : SA11AI.5942

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 77 OF 117  
(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

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : SA11AI.5943**

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

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : SA11AI.5944**

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

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11AI.5945**

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:  
(check only one)

PAGE 78 OF 117

☒ 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

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.76

Date of Receipt

04 / 03 / 2015

**Transaction ID : SA11AI.5946**

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

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.60

Date of Receipt

04 / 10 / 2015

**Transaction ID : SA11AI.5947**

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

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.44

Date of Receipt

04 / 17 / 2015

**Transaction ID : SA11AI.5948**

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 PageFOR LINE NUMBER: PAGE 79 OF 117  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Transaction ID : SA11AI.5949

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

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : SA11AI.5950

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

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : SA11AI.5951

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 80 OF 117  
(check only one)

☒ 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)

**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

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2015

**Transaction ID : SA11AI.5952**

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

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

**Transaction ID : SA11AI.5953**

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

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

**Transaction ID : SA11AI.5954**

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 81 OF 117

(check only one)

☒ 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)

**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 Occupation  
 Maxim Healthcare Services Inc Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.32

Date of Receipt

06 / 05 / 2015

**Transaction ID : SA11AI.5955**

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 Occupation  
 Maxim Healthcare Services Inc Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.16

Date of Receipt

06 / 12 / 2015

**Transaction ID : SA11AI.5956**

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 Occupation  
 Maxim Healthcare Services Inc Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.00

Date of Receipt

06 / 19 / 2015

**Transaction ID : SA11AI.5958**

Amount of Each Receipt this Period

28.84

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

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

86.52

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

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

FOR LINE NUMBER: PAGE 82 OF 117  
(check only one)

☒ 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)

**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

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SA11AI.5957**

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**B. Robert J Moran**

Mailing Address 6430 Blenheim 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

Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

**Transaction ID : SA11AI.6003**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Robert J Moran**

Mailing Address 6430 Blenheim 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

Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

**Transaction ID : SA11AI.6004**

Amount of Each Receipt this Period

10.00

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

48.84

**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 83 OF 117  
(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 J Moran**

Mailing Address 6430 Blenheim 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

Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

**Transaction ID : SA11AI.6005**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Robert J Moran**

Mailing Address 6430 Blenheim 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

Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.6006**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Robert J Moran**

Mailing Address 6430 Blenheim 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

Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : SA11AI.6008**

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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 117

☒ 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 J Moran**

Mailing Address 6430 Blenheim Road

City  
Baltimore

State  
MD

Zip Code  
21212

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SA11AI.6007**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. James Nichols**

Mailing Address 296 Dandridge Dr.

City  
Franklin

State  
TN

Zip Code  
37067

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

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

**Transaction ID : SA11AI.6078**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. James Nichols**

Mailing Address 296 Dandridge Dr.

City  
Franklin

State  
TN

Zip Code  
37067

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

**Transaction ID : SA11AI.6079**

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)  
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FOR LINE NUMBER:  
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PAGE 85 OF 117

☒ 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. James Nichols**

Mailing Address 296 Dandridge Dr.

City

Franklin

State

TN

Zip Code

37067

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 ▼

230.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.6080

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. James Nichols**

Mailing Address 296 Dandridge Dr.

City

Franklin

State

TN

Zip Code

37067

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 ▼

240.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.6081

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. James Nichols**

Mailing Address 296 Dandridge Dr.

City

Franklin

State

TN

Zip Code

37067

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 ▼

250.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.6083

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:  
(check only one)

PAGE 86 OF 117

☒ 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. James Nichols**

Mailing Address 296 Dandridge Dr.

City State Zip Code  
 Franklin TN 37067

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : SA11AI.6082**

Amount of Each Receipt this Period

10.00

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 VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015

**Transaction ID : SA11AI.6146**

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 VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2015

**Transaction ID : SA11AI.6147**

Amount of Each Receipt this Period

15.00

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

40.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 OF 117

☒ 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 VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2015

**Transaction ID : SA11AI.6148**

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 VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2015

**Transaction ID : SA11AI.6149**

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 VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015

**Transaction ID : SA11AI.6150**

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**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 OF 117

☒ 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 VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

05 / 08 / 2015

Transaction ID : SA11AI.6151

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 VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 15 / 2015

Transaction ID : SA11AI.6152

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 VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

05 / 22 / 2015

Transaction ID : SA11AI.6153

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: PAGE 89 OF 117

(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 VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

Transaction ID : SA11AI.6154

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 VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.6155

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 VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

Transaction ID : SA11AI.6156

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 90 OF 117

☒ 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 VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.6158

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 VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.6157

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Charles M Schevitz**

Mailing Address 204 Ritterslea Court

City Owings Mills State MD Zip Code 21117

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Senior Director - Employee Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 22 / 2015

Transaction ID : SA11AI.6181

Amount of Each Receipt this Period

10.00

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

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

40.00

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

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

FOR LINE NUMBER: PAGE 91 OF 117  
(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. Charles M Schevitz**

Mailing Address 204 Ritterslea Court

City State Zip Code  
 Owings Mills MD 21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Senior Director - Employee Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

**Transaction ID : SA11AI.6182**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Charles M Schevitz**

Mailing Address 204 Ritterslea Court

City State Zip Code  
 Owings Mills MD 21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Senior Director - Employee Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

**Transaction ID : SA11AI.6183**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Charles M Schevitz**

Mailing Address 204 Ritterslea Court

City State Zip Code  
 Owings Mills MD 21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Senior Director - Employee Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : SA11AI.6184**

Amount of Each Receipt this Period

10.00

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

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

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 92 OF 117  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Charles M Schevitz**

Mailing Address 204 Ritterslea Court

City	State	Zip Code
Owings Mills	MD	21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Senior Director - Employee Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.6186

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Charles M Schevitz**

Mailing Address 204 Ritterslea Court

City	State	Zip Code
Owings Mills	MD	21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Senior Director - Employee Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.6185

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. John P Smalley**

Mailing Address 4535 N Camino del Obispo

City	State	Zip Code
Tucson	AZ	85718

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

M M	/	D D	/	Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.6222

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 93 OF 117

(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. John P Smalley**

Mailing Address 4535 N Camino del Obispo

City State Zip Code  
Tucson AZ 85718

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 ▼

220.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11AI.6223

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. John P Smalley**

Mailing Address 4535 N Camino del Obispo

City State Zip Code  
Tucson AZ 85718

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 ▼

230.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.6224

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. John P Smalley**

Mailing Address 4535 N Camino del Obispo

City State Zip Code  
Tucson AZ 85718

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 ▼

240.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.6225

Amount of Each Receipt this Period

10.00

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

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

30.00

# **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 94 OF 117

☒ 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. John P Smalley**

Mailing Address 4535 N Camino del Obispo

City

Tucson

State

AZ

Zip Code

85718

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 ▼

250.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.6228

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. John P Smalley**

Mailing Address 4535 N Camino del Obispo

City

Tucson

State

AZ

Zip Code

85718

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 ▼

260.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.6227

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

05 / 22 / 2015

Transaction ID : SA11AI.6272

Amount of Each Receipt this Period

10.00

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

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

30.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 OF 117

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Nathan Speer**

Mailing Address 524 Toledo Dr

City	State	Zip Code
Lowe Burrell	PA	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 ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : SA11AI.6273

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Nathan Speer**

Mailing Address 524 Toledo Dr

City	State	Zip Code
Lowe Burrell	PA	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 ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.6274

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Nathan Speer**

Mailing Address 524 Toledo Dr

City	State	Zip Code
Lowe Burrell	PA	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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.6275

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 96 OF 117

(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. Nathan Speer**

Mailing Address 524 Toledo Dr

City State Zip Code  
 Lowe Burrell PA 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

Transaction ID : SA11AI.6277

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Nathan Speer**

Mailing Address 524 Toledo Dr

City State Zip Code  
 Lowe Burrell PA 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

Transaction ID : SA11AI.6276

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City State Zip Code  
 Alto NM 88312

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2015

Transaction ID : SA11AI.6308

Amount of Each Receipt this Period

30.00

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

50.00

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 97 OF 117  
(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. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City State Zip Code  
 Alto NM 88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
 02 / 20 / 2015

Transaction ID : SA11AI.6309

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City State Zip Code  
 Alto NM 88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
 02 / 27 / 2015

Transaction ID : SA11AI.6310

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City State Zip Code  
 Alto NM 88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
 03 / 06 / 2015

Transaction ID : SA11AI.6311

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 98 OF 117  
(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. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City State Zip Code  
 Alto NM 88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : SA11AI.6312**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City State Zip Code  
 Alto NM 88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : SA11AI.6313**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City State Zip Code  
 Alto NM 88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11AI.6314**

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 99 OF 117

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City	State	Zip Code
Alto	NM	88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	03	/	2015

**Transaction ID : SA11AI.6315**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City	State	Zip Code
Alto	NM	88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2015

**Transaction ID : SA11AI.6316**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City	State	Zip Code
Alto	NM	88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2015

**Transaction ID : SA11AI.6317**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 100 OF 117

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City	State	Zip Code
Alto	NM	88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2015

**Transaction ID : SA11AI.6318**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City	State	Zip Code
Alto	NM	88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

**Transaction ID : SA11AI.6319**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City	State	Zip Code
Alto	NM	88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

**Transaction ID : SA11AI.6320**

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 101 OF 117  
(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. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City State Zip Code  
Alto NM 88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2015

**Transaction ID : SA11AI.6321**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City State Zip Code  
Alto NM 88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

**Transaction ID : SA11AI.6322**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City State Zip Code  
Alto NM 88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

**Transaction ID : SA11AI.6323**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 102 OF 117

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City	State	Zip Code
Alto	NM	88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.6324

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City	State	Zip Code
Alto	NM	88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.6325

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City	State	Zip Code
Alto	NM	88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.6327

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 117

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Nancy Walker**

Mailing Address 1276 High Mesa Drive

City	State	Zip Code
Alto	NM	88312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.6326

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Patricia L Weiss**

Mailing Address 139 Suburban Road

City	State	Zip Code
Knoxville	TN	37923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.6347

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Patricia L Weiss**

Mailing Address 139 Suburban Road

City	State	Zip Code
Knoxville	TN	37923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : SA11AI.6348

Amount of Each Receipt this Period

10.00

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

50.00

**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 104 OF 117

☒ 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. Patricia L Weiss**

Mailing Address 139 Suburban Road

City

Knoxville

State

TN

Zip Code

37923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.6349

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Patricia L Weiss**

Mailing Address 139 Suburban Road

City

Knoxville

State

TN

Zip Code

37923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.6350

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Patricia L Weiss**

Mailing Address 139 Suburban Road

City

Knoxville

State

TN

Zip Code

37923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.6352

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 105 OF 117

(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. Patricia L Weiss**

Mailing Address 139 Suburban Road

City State Zip Code  
 Knoxville TN 37923

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Maxim Healthcare Services Inc Area VP of Clinical Ops.

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : SA11AI.6351**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Matthew J Wilkinson**

Mailing Address 813 Foxfire Dr

City State Zip Code  
 Louisville KY 40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Maxim Healthcare Services Inc Area Vice President

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2015

**Transaction ID : SA11AI.6372**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Matthew J Wilkinson**

Mailing Address 813 Foxfire Dr

City State Zip Code  
 Louisville KY 40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Maxim Healthcare Services Inc Area Vice President

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

**Transaction ID : SA11AI.6373**

Amount of Each Receipt this Period

10.00

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

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

30.00

# **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 106 OF 117

☒ 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. Matthew J Wilkinson**

Mailing Address 813 Foxfire Dr

City

Louisville

State

KY

Zip Code

40223

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 ▼

230.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11AI.6374

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Matthew J Wilkinson**

Mailing Address 813 Foxfire Dr

City

Louisville

State

KY

Zip Code

40223

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 ▼

240.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.6375

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Matthew J Wilkinson**

Mailing Address 813 Foxfire Dr

City

Louisville

State

KY

Zip Code

40223

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 ▼

250.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.6376

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:  
(check only one)

PAGE 107 OF 117

☒ 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. Matthew J Wilkinson**

Mailing Address 813 Foxfire Dr

City

Louisville

State

KY

Zip Code

40223

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : SA11AI.6378**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Matthew J Wilkinson**

Mailing Address 813 Foxfire Dr

City

Louisville

State

KY

Zip Code

40223

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 Y  
06 / 26 / 2015

**Transaction ID : SA11AI.6377**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Brian Womack**

Mailing Address 7807 Empire Ct

City

Toledo

State

OH

Zip Code

43528

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

**Transaction ID : SA11AI.6398**

Amount of Each Receipt this Period

10.00

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

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

30.00

# **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 108 OF 117

☒ 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. Brian Womack**

Mailing Address 7807 Empire Ct

City State Zip Code  
Toledo OH 43528

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

**Transaction ID : SA11AI.6399**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Brian Womack**

Mailing Address 7807 Empire Ct

City State Zip Code  
Toledo OH 43528

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

**Transaction ID : SA11AI.6400**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Brian Womack**

Mailing Address 7807 Empire Ct

City State Zip Code  
Toledo OH 43528

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.6401**

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 109 OF 117  
(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. Brian Womack**

Mailing Address 7807 Empire Ct

City State Zip Code  
Toledo OH 43528

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : SA11AI.6403**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Brian Womack**

Mailing Address 7807 Empire Ct

City State Zip Code  
Toledo OH 43528

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SA11AI.6402**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Shawn Wright**

Mailing Address 46625 Peach Tree St

City State Zip Code  
Temecula CA 92592

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

**Transaction ID : SA11AI.6423**

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:  
(check only one)

PAGE 110 OF 117

☒ 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. Shawn Wright**

Mailing Address 46625 Peach Tree St

City State Zip Code  
Temecula CA 92592

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 ▼

220.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11AI.6424

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Shawn Wright**

Mailing Address 46625 Peach Tree St

City State Zip Code  
Temecula CA 92592

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 ▼

230.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.6425

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Shawn Wright**

Mailing Address 46625 Peach Tree St

City State Zip Code  
Temecula CA 92592

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 ▼

240.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.6426

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 117

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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)

**A. Shawn Wright**

Mailing Address 46625 Peach Tree St

City

Temecula

State

CA

Zip Code

92592

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	5

**Transaction ID : SA11AI.6428**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Shawn Wright**

Mailing Address 46625 Peach Tree St

City

Temecula

State

CA

Zip Code

92592

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 ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

**Transaction ID : SA11AI.6427**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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

20.00

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

13526.52

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: MD District: 00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

1000.00



	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

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

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M03' and has two pins labeled 'M'. The second connector is labeled 'D10' and has two pins labeled 'D'. The third connector is labeled 'Y2015' and has four pins labeled 'Y'.

Category/  
Type

1000.00

04 / 21 / 2015

Category/  
TypeCategory/  
Type

7000.00



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

PAGE 115 OF 117

<input 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 checked="" 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. Home PAC**

Mailing Address 600 N. 12th St, Suite 200

City	State	Zip Code
Lemoyne	PA	17043

Purpose of Disbursement  
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

Transaction ID : SB29.6447

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**B. Marleau for Michigan**

Mailing Address 1214 Chester Rd

City	State	Zip Code
Lansing	MI	48912

Purpose of Disbursement  
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : SB29.6453

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Maxim NJ PAC**Mailing Address 228 S Washington St  
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : SB29.6459

Amount of Each Disbursement this Period

500.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 117

<input 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 checked="" 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. Moving Michigan Forward 2**

Mailing Address 106 W Allegan St, Ste 200

City	State	Zip Code
Lansing	MI	48933

Purpose of Disbursement  
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2015

Transaction ID : SB29.6455

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. NEW JOBS PAC**

Mailing Address P.O. Box 1600

City	State	Zip Code
Trenton	NJ	08607

Purpose of Disbursement  
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2015 <input type="checkbox"/> Primary <input type="checkbox"/> General
	<input checked="" type="checkbox"/> Other (specify) ▼ Other

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2015

Transaction ID : SB29.6435

Amount of Each Disbursement this Period

5000.00
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Full Name (Last, First, Middle Initial)

**C. Ohio House Republican Organizational Committee**

Mailing Address 4679 Winterset Dr

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement  
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2015

Transaction ID : SB29.6449

Amount of Each Disbursement this Period

1000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 117

<input 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 checked="" 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. Sprague for State Representative**

Mailing Address 220 West Sandusky St

City	State	Zip Code
Findlay	OH	45840

Purpose of Disbursement  
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2015

Transaction ID : SB29.6437

Amount of Each Disbursement this Period

500.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

500.00
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20500.00
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