Image# 201507309000467542 PAGE 1 / 117

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIW 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typover the lines.	De 12FE4M5
MAXIM HEALTHCARE	SERVICES INC POLI	TICAL ACTION COM	MITTEE (MAXIM HEALTHCARE PAG
ADDRESS (number and street) ▼	228 S Washington St Suite 115		
Check if different than previously reported. (ACC)	Alexandria		VA 22314 -
2. FEC IDENTIFICATION N	NUMBER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
C C00558932		IS THIS REPORT X NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20	(Non-Electio Year Only)
(a) Quarterly Reports: April 15	Ap	or 20 (M4) Jul 20	Year Only)
Quarterly Report July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12
Quarterly Report October 15 Quarterly Report	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report	Flori	ion on	in the State of
X July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (3
Termination Repo (TER)	rt	ion on	in the State of
5. Covering Period	01 01 2015	through	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined	this Report and to the best of	of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasu	rer David Satterfield		
Signature of Treasurer Da	vid Satterfield	[Electronically Filed	7 Date 07 30 2015
NOTE: Submission of false, erro	neous, or incomplete information	on may subject the person sig	gning this Report to the penalties of 2 U.S.C. §43
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

01 06 30 Report Covering the Period: 2015 2015 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 14575.31 January 1, 2015 (b) Cash on Hand at 14575.31 Beginning of Reporting Period..... 22272.27 22272.27 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 36847.58 36847.58 6(a) and 6(c) for Column B)..... 21668.00 21668.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 15179.58 15179.58 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Re	eport Covering the Period: From: 01							
	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(iii) TOTAL (add	8745.75	8745.75					
	Lines 11(a)(i) and (ii)	22272.27	22272.27					
	(b) Political Party Committees	0.00	0.00					
	(such as PACs)	0.00	0.00					
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	22272.27	22272.27					
12.	Party Committees	0.00	0.00					
13.	All Loans Received	0.00	0.00					
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00					
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00					
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00					
	(Dividends, Interest, etc.)	0.00	0.00					
	(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	Total This Period				
. Operating Expenditures: – (a) Allocated Federal/Non-Federal	1044 1110 1 01104	Calendar Year-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	3.00	0.00			
Expenditures	168.00	168.00			
(c) Total Operating Expenditures					
(add 21(a)(i), (a)(ii), and (b))▶	168.00	168.00			
Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to					
Federal Candidates/Committees and Other Political Committees	1000.00	1000.00			
Independent Expenditures	0.00	0.00			
(use Schedule E) Coordinated Party Expenditures	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(use concade i)					
Loan Repayments Made	0.00	0.00			
	0.00	0.00			
Loans Made Refunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
i i					
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	0.00	0.00			
(such as PACs)	0.00				
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	0.00			
Other Disbursements	20500.00	20500.00			
Other Dispursements	20500.00	2000.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)	0.00	0.00			
(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	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	21668.00	21668.00			
L	7 7				
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)	21668.00	21668.00			
from Line 31)	21000.00	21000.00			

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	22272.27	22272.27
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22272.27	22272.27
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	168.00	168.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	168.00	168.00

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

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(0	che	ck only	or	ne)							
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Michael I Beams Date of Receipt Mailing Address 3035 Panama Avenue 05 2015 City State Zip Code Transaction ID: SA11AI.5117 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kyle Billington Date of Receipt Mailing Address 2009 White Oak Ct 04 10 2015 City State Zip Code Transaction ID: SA11AI.5144 PA Moon Township 15108 Amount of Each Receipt this Period FEC ID number of contributing 520.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kathleen M Biniak Date of Receipt Mailing Address 6250 Kipps Colony Ct S 05 22 2015 Zip Code City State Transaction ID: SA11AI.5164 FL Gulfport 33707 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Director - Reflectx Maxim Healthcare Services Inc Receipt For:

SUBTOTAL of Receipts This Page (optional)			7	Ξ		7	Ξ	10)30.	00	
TOTAL This Period (last page this line number only)		_	7		_	7	_	Ξ	_		

210.00

Aggregate Year-to-Date ▼

Primary

Other (specify)

General

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

FOR LINE	NUMBER	: PAGE	5 7 OF	117
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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.

	11 ,	/ 1	
\rangle	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES II	NC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
	Full Name (Last, First, Middle Initial) Kathleen M Biniak Mailing Address 6250 Kipps Colony Ct S #302 City Gulfport FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code FL 33707 C Occupation Director - Reflectx Aggregate Year-to-Date ▼	Date of Receipt 05 29 2015 Transaction ID: SA11AI.5165 Amount of Each Receipt this Period
	Full Name (Last, First, Middle Initial) Kathleen M Biniak Mailing Address 6250 Kipps Colony Ct S #302 City Gulfport FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33707 C Occupation Director - Reflectx Aggregate Year-to-Date ▼ 230.00	Date of Receipt M M M / D D / Y J Y J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Kathleen M Biniak Mailing Address 6250 Kipps Colony Ct S #302 City Gulfport FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code FL 33707 C Occupation Director - Reflectx Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y T Y T Y T Y T Y T Y T Y T Y T Y T Y
s	UBTOTAL of Receipts This Page (optional)		30.00
T	OTAL This Period (last page this line number of	only)	

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	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Kathleen M Biniak Mailing Address 6250 Kipps Colony Ct S #302 City Gulfport FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code FL 33707 C Occupation Director - Reflectx Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kathleen M Biniak Mailing Address 6250 Kipps Colony Ct S #302 City Gulfport FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code FL 33707 C Occupation Director - Reflectx Aggregate Year-to-Date ▼ 260.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Christopher Bodmer Mailing Address 903 Sill Ridge Drive City O'Fallon FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MO 63368 C Occupation Area Vice President Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 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)	

FOR	LINE N	UMBER	:	PAGE	9	OF	117
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
/	CES INC POLITICAL ACTION COMMITTE	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Christopher Bodmer		Date of Receipt
Mailing Address 903 Sill Ridge Drive		05 29 2015
City	State Zip Code	Transaction ID : SA11AI.5190
O'Fallon	MO 63368	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Christopher Bodmer		Date of Receipt
Mailing Address 903 Sill Ridge Drive		06 05 2015 _
City	State Zip Code	Transaction ID : SA11AI.5191
O'Fallon	MO 63368	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) Christopher Bodmer	T	Date of Receipt
Mailing Address 903 Sill Ridge Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5192
O'Fallon	MO 63368	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	240.00	
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (option	al)	30.00
TOTAL This David (last need this line are	mbor only)	
OTAL This Period (last page this line nu	mper oniv)	

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Christopher Bodmer Date of Receipt Mailing Address 903 Sill Ridge Drive 2015 City Zip Code State Transaction ID: SA11AI.5194 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Bodmer Date of Receipt Mailing Address 903 Sill Ridge Drive 06 26 2015 City State Zip Code Transaction ID: SA11AI.5193 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven L Burke Date of Receipt Mailing Address 701 W Hampton Ave 04 10 2015 City State Zip Code Transaction ID: SA11AI.5221 IL Loves Park 61111 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 270.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER:					PAGE	•	11	OF	117
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Any information copied from such Reports and or for commercial purposes, other than using the succession of the commercial purposes.	d Statements may not be sold or used by any per- the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Raymond A Carbone		Date of Receipt
Mailing Address 367 Berkshire Drive		02 13 2015
City	State Zip Code	Transaction ID : SA11AI.5237
Riva	MD 21140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Aggregate real-to-date ¥	
Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Raymond A Carbone		Date of Receipt
Mailing Address 367 Berkshire Drive		02 20 2015
City	State Zip Code	Transaction ID : SA11AI.5238
Riva	MD 21140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) C. Raymond A Carbone		Date of Receipt
Mailing Address 367 Berkshire Drive		02 27 2015
City	State Zip Code	Transaction ID : SA11AI.5239
Riva	MD 21140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Aggregate real-to-bate ¥	
Other (specify) ▼	270.00	
SUBTOTAL of Receipts This Page (optional).	•	90.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 12 OF 117

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14	11c 15	12 16	17
ny information copied from such Reports and Statements may	, , , ,				_		

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 SERVICE	S INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)				
Full Name (Last, First, Middle Initial) A. Raymond A Carbone		Date of Receipt				
Mailing Address 367 Berkshire Drive		03 06 2015 _				
City	State Zip Code					
Riva	MD 21140	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer	Occupation					
Maxim Healthcare Services Inc	Chief Financial Officer					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name (Last, First, Middle Initial) Raymond A Carbone		Date of Receipt				
Mailing Address 367 Berkshire Drive		03 13 2015				
City	State Zip Code	Transaction ID : SA11AI.5241				
Riva	MD 21140	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer	Occupation					
Maxim Healthcare Services Inc	Chief Financial Officer					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00					
Full Name (Last, First, Middle Initial) C. Raymond A Carbone		Date of Receipt				
Mailing Address 367 Berkshire Drive		03 20 2015				
City	State Zip Code	Transaction ID : SA11AI.5242				
Riva	MD 21140	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer	Occupation					
Maxim Healthcare Services Inc	Chief Financial Officer					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	360.00					
SUBTOTAL of Receipts This Page (optional)	90.00				
TOTAL This Period (last page this line numl	ber only)					

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

FOR LINE NUMBER: (check only one)

X 11a 11b

FOR LINE	NOMBER:	PAGE	: 13 OF	117					
(check only one)									
X 11a	11b	11c	12						
13	14	15	16	17					

	Statements may not be sold or used by any per the name and address of any political committee to					
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)				
Full Name (Last, First, Middle Initial) Raymond A Carbone Mailing Address 367 Berkshire Drive		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
City	City State Zip Code					
Riva	MD 21140	Transaction ID : SA11AI.5243 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	30.00				
Name of Employer Maxim Healthcare Services Inc	Occupation Chief Financial Officer					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00					
Full Name (Last, First, Middle Initial) Raymond A Carbone	·	Date of Receipt				
Mailing Address 367 Berkshire Drive	04 03 2015					
City Riva	State Zip Code MD 21140	Transaction ID : SA11AI.5244 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	30.00				
Name of Employer Maxim Healthcare Services Inc	Occupation Chief Financial Officer					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00					
Full Name (Last, First, Middle Initial) C. Raymond A Carbone		Date of Receipt				
Mailing Address 367 Berkshire Drive		04 10 2015				
City Riva	State Zip Code MD 21140	Transaction ID : SA11AI.5245 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer	Occupation	1				
Maxim Healthcare Services Inc	Chief Financial Officer	_				
Receipt For: Primary General Other (coorie)	Aggregate Year-to-Date ▼					
Other (specify) ▼	450.00					
SUBTOTAL of Receipts This Page (optional).	•	90.00				
TOTAL This Period (last page this line number	er only)					

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 04 2015 City Zip Code State Transaction ID: SA11AI.5246 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Chief Financial Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 04 24 2015 City State Zip Code Transaction ID: SA11AI.5247 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) c. Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 05 01 2015 City State Zip Code Transaction ID: SA11AI.5248 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Chief Financial Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

_	LINE	PAGE	1	15	OF	117			
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16	;	17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES I	NC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Raymond A Carbone Mailing Address 367 Berkshire Drive		Date of Receipt
O.A.	Chate 7 o Calls	05 08 2015
City Riva	State Zip Code MD 21140	Transaction ID : SA11AI.5249
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Financial Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	570.00	
Full Name (Last, First, Middle Initial) Raymond A Carbone		Date of Receipt
Mailing Address 367 Berkshire Drive	05 15 2015 _	
City	State Zip Code	U5 15 2015 Transaction ID : SA11AI.5250
Riva	MD 21140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer Maxim Healthcare Services Inc	Occupation	
	Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) C. Raymond A Carbone		Date of Receipt
Mailing Address 367 Berkshire Drive		05 22 2015
City Riva	State Zip Code MD 21140	Transaction ID : SA11AI.5251 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	630.00	
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number of	only)	

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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) Raymond A Carbone Mailing Address 367 Berkshire Drive		Date of Receipt
City	State Zip Code	05 29 2015 Transaction ID: SA11AI.5252
Riva	MD 21140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc Receipt For:	Chief Financial Officer	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) Raymond A Carbone		Date of Receipt
Mailing Address 367 Berkshire Drive	06 05 2015	
City	State Zip Code	Transaction ID : SA11AI.5253
Riva	MD 21140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Maxim Healthcare Services Inc	Occupation Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
Full Name (Last, First, Middle Initial) Raymond A Carbone		Date of Receipt
Mailing Address 367 Berkshire Drive		06 12 2015
City Riva	State Zip Code MD 21140	Transaction ID : SA11AI.5254
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Financial Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	720.00	
SUBTOTAL of Receipts This Page (optional)	>	90.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full)	INC POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Raymond A Carbone		Date of Receipt
Mailing Address 367 Berkshire Drive		06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5256
Riva	MD 21140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Raymond A Carbone		Date of Receipt
Mailing Address 367 Berkshire Drive		06 26 2015
City	State Zip Code	Transaction ID : SA11AI.5255
Riva	MD 21140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	
Full Name (Last, First, Middle Initial) 2. James Davis		Date of Receipt
Mailing Address P.O. Box 468		06 26 _2015 _
City	State Zip Code	Transaction ID : SA11AI.6464
Hanover	MD 21076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	Contribution
Maxim Healthcare Services Inc	Chairman	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	5000.00	
SUBTOTAL of Receipts This Page (optional)	>	5060.00
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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 2015 City State Zip Code Transaction ID: SA11AI.5374 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 02 20 2015 City State Zip Code Transaction ID: SA11AI.5375 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 02 27 2015 City State Zip Code Transaction ID: SA11AI.5376 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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117 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 2015 27 City State Zip Code Transaction ID: SA11AI.5380 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 04 03 2015 City State Zip Code Transaction ID: SA11AI.5381 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 04 10 2015 City State Zip Code Transaction ID: SA11AI.5382 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES II	NC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Jarrod DePriest Mailing Address 2251 Wild Plains Circle		Date of Receipt
		04 17 2015
City	State Zip Code CA 95765	Transaction ID : SA11AI.5383
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) 3. Jarrod DePriest		Date of Receipt
Mailing Address 2251 Wild Plains Circle		M = M / D = D / Y = Y = Y
City	State Zip Code	04 24 2015 Transaction ID : SA11Al.5384
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Regional Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) C. Jarrod DePriest		Date of Receipt
Mailing Address 2251 Wild Plains Circle		05 01 2015
City	State Zip Code	Transaction ID : SA11AI.5385
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	
SUBTOTAL of Receipts This Page (optional)		90.00
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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES I	NC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Jarrod DePriest Mailing Address 2251 Wild Plains Circle		Date of Receipt
		05 08 2015
City Rocklin	State Zip Code CA 95765	Transaction ID : SA11AI.5386
FEC ID number of contributing federal political committee.	C 95765	Amount of Each Receipt this Period 30.00
Name of Employer Maxim Healthcare Services Inc Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Regional Vice President Aggregate Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial) 3. Jarrod DePriest Mailing Address 2251 Wild Plains Circle		Date of Receipt
City Rocklin	State Zip Code CA 95765	05 15 2015 Transaction ID : SA11AI.5387 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	30.00
Maxim Healthcare Services Inc	Regional Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) C. Jarrod DePriest		Date of Receipt
Mailing Address 2251 Wild Plains Circle		05 22 _2015 _
City Rocklin	State Zip Code CA 95765	Transaction ID : SA11AI.5388 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Regional Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
SUBTOTAL of Receipts This Page (optional)		90.00
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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 2015 City State Zip Code Transaction ID: SA11AI.5389 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 06 05 2015 City State Zip Code Transaction ID: SA11AI.5390 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 06 12 2015 City State Zip Code Transaction ID: SA11AI.5391 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Jarrod DePriest Mailing Address 2251 Wild Plains Circle		Date of Receipt
City	Ctata 7in Cada	06 19 2015
City Rocklin	State Zip Code CA 95765	Transaction ID : SA11AI.5393
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Regional Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) 3. Jarrod DePriest		Date of Receipt
Mailing Address 2251 Wild Plains Circle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	06 26 2015 Transaction ID : SA11AI.5392
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Maxim Healthcare Services Inc	Occupation Regional Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	
Full Name (Last, First, Middle Initial) C. Matthew M Diaz		Date of Receipt
Mailing Address 2103 Wyckford Blvd		04 03 2015
City Rocklin	State Zip Code CA 95765	Transaction ID : SA11AI.5406 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	210.00	
SUBTOTAL of Receipts This Page (optional)	•	75.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Matthew M Diaz Date of Receipt Mailing Address 2103 Wyckford Blvd 04 2015 10 City State Zip Code Transaction ID: SA11AI.5407 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew M Diaz Date of Receipt Mailing Address 2103 Wyckford Blvd 04 17 2015 City State Zip Code Transaction ID: SA11AI.5408 Rocklin CA 95765 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial)

Matthew M Diaz		Date of Receipt
Mailing Address 2103 Wyckford Blvd		04 24 2015
City	State Zip Code	Transaction ID : SA11AI.5409
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee ES INC POLITICAL ACTION COMMITTE	
Full Name (Last, First, Middle Initial) Matthew M Diaz	TO INO I OLITICAL ACTION COMMITTE	· · · · · · · · · · · · · · · · · · ·
Mailing Address 2103 Wyckford Blvd		Date of Receipt 05 01 2015
City	State Zip Code	Transaction ID : SA11AI.5410
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial) Matthew M Diaz	,	Date of Receipt
Mailing Address 2103 Wyckford Blvd		M = M / D = D / Y = Y = Y
City	State Zin Code	05 08 2015
City Rocklin	State Zip Code CA 95765	Transaction ID : SA11AI.5411
	OV 30100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	285.00	
Full Name (Last, First, Middle Initial) Matthew M Diaz		Date of Receipt
Mailing Address 2103 Wyckford Blvd		05 15 2015
City	State Zip Code	Transaction ID : SA11AI.5412
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	+
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	1)	45.00
TOTAL This Period (last page this line num	phor only)	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	son for the purpose of soliciting contributions o 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) Matthew M Diaz		Date of Receipt
Mailing Address 2103 Wyckford Blvd		05 22 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.5413
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	†
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	315.00	
Full Name (Last, First, Middle Initial) Matthew M Diaz		Date of Receipt
Mailing Address 2103 Wyckford Blvd		05 29 2015
City	State Zip Code	Transaction ID : SA11AI.5414
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	
Full Name (Last, First, Middle Initial) Matthew M Diaz		Date of Receipt
Mailing Address 2103 Wyckford Blvd		06 05 2015
City	State Zip Code	Transaction ID : SA11AI.5415
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	345.00	
SUBTOTAL of Receipts This Page (optional)		45.00
TOTAL This Period (last page this line number	· only)	

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Matthew M Diaz Date of Receipt Mailing Address 2103 Wyckford Blvd 2015 City State Zip Code Transaction ID: SA11AI.5416 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew M Diaz Date of Receipt Mailing Address 2103 Wyckford Blvd 06 19 2015 City State Zip Code Transaction ID: SA11AI.5418 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew M Diaz Date of Receipt Mailing Address 2103 Wyckford Blvd 26 06 2015 City State Zip Code Transaction ID: SA11AI.5417 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 15.00 С federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Full Name (Last, First, Middle Initial) Micah Ensor Mailing Address 6965 Old River Road		Date of Receipt
		05 22 2015
City	State Zip Code TN 37209	Transaction ID : SA11AI.5512
Nashville FEC ID number of contributing federal political committee.	C 3/209	Amount of Each Receipt this Period 10.00
Name of Employer Maxim Healthcare Services Inc	Occupation Director of Field Support	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Micah Ensor		Date of Receipt
Mailing Address 6965 Old River Road City	State Zip Code TN 37209	05 29 2015 Transaction ID : SA11AI.5513
Nashville FEC ID number of contributing federal political committee.	TN 37209	Amount of Each Receipt this Period 10.00
Name of Employer Maxim Healthcare Services Inc	Occupation Director of Field Support	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Micah Ensor		Date of Receipt
Mailing Address 6965 Old River Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Nashville	State Zip Code TN 37209	Transaction ID : SA11AI.5514 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc Receipt For:	Director of Field Support Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.00	

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Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any personance name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Α.			Date of Receipt
	Mailing Address 6965 Old River Road		06 12 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
	City Nashville	State Zip Code TN 37209	Transaction ID : SA11AI.5515 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer Maxim Healthcare Services Inc	Occupation Director of Field Support	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
В.	Full Name (Last, First, Middle Initial) Micah Ensor		Date of Receipt
	Mailing Address 6965 Old River Road		06 19 2015
	City Nashville	State Zip Code TN 37209	Transaction ID : SA11AI.5517 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer Maxim Healthcare Services Inc	Occupation Director of Field Support	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Micah Ensor		Date of Receipt
•	Mailing Address 6965 Old River Road		06 26 _2015 _
	City Nashville	State Zip Code TN 37209	Transaction ID : SA11AI.5516 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer	Occupation	
	Maxim Healthcare Services Inc Receipt For:	Director of Field Support Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	
H	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	30.00

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

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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES I	NC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Chani Amy Feldman		Date of Receipt
Mailing Address 10711 Huntwood Drive		05 22 2015
City	State Zip Code	Transaction ID : SA11AI.5537
Silver Spring	MD 20901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Director of State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Chani Amy Feldman		Date of Receipt
Mailing Address 10711 Huntwood Drive		05 29 _2015
City	State Zip Code	Transaction ID : SA11AI.5538
Silver Spring	MD 20901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Director of State Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Chani Amy Feldman		Date of Receipt
Mailing Address 10711 Huntwood Drive		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.5539
Silver Spring	MD 20901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Director of State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.00	
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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Chani Amy Feldman Mailing Address 10711 Huntwood Drive		Date of Receipt
		06 12 2015
City Silver Spring	State Zip Code MD 20901	Transaction ID : SA11AI.5540
FEC ID number of contributing federal political committee.	C 20901	Amount of Each Receipt this Period
Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	Occupation Director of State Affairs Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Chani Amy Feldman Mailing Address 10711 Huntwood Drive		Date of Receipt
City Silver Spring FEC ID number of contributing	State Zip Code MD 20901	06 19 2015 Transaction ID: SA11AI.5542 Amount of Each Receipt this Period
Receipt For: Primary Other (specify) General	Occupation Director of State Affairs Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Chani Amy Feldman Mailing Address 10711 Huntwood Drive City	State Zip Code	Date of Receipt M M / 26 / 2015 Transaction ID: SA11Al.5541
Silver Spring	MD 20901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Maxim Healthcare Services Inc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Director of State Affairs Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line number	only)	

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12 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Elizabeth D Fernie Date of Receipt Mailing Address 130 Cheswood Manor Dr 2015 22 City Zip Code State Transaction ID: SA11AI.5562 TX The Woodlands 77382 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth D Fernie Date of Receipt Mailing Address 130 Cheswood Manor Dr 05 29 2015 City State Zip Code Transaction ID: SA11AI.5563 The Woodlands TX 77382 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth D Fernie Date of Receipt Mailing Address 130 Cheswood Manor Dr 06 05 2015 City Zip Code State Transaction ID: SA11AI.5564 TX The Woodlands 77382 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 30.00

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) A. Elizabeth D Fernie		Date of Receipt
Mailing Address 130 Cheswood Manor Dr		06 12 Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.5565
The Woodlands	TX 77382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Elizabeth D Fernie		Date of Receipt
Mailing Address 130 Cheswood Manor Dr		06 19 2015
City	State Zip Code	Transaction ID : SA11AI.5567
The Woodlands	TX 77382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Elizabeth D Fernie		Date of Receipt
Mailing Address 130 Cheswood Manor Dr		06 26 2015
City	State Zip Code	Transaction ID : SA11AI.5566
The Woodlands	TX 77382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	260.00	
Other (specify) ▼	200.00	
SUBTOTAL of Receipts This Page (optional)	>	30.00
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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PA Full Name (Last, First, Middle Initial)	AC)			
Addition Addition and the state of the state	Date of Receipt			
05 22 20:				
City State Zip Code Transaction ID : SA11AI.5612 Carmichael CA 95608 Amount of Each Receipt this Re				
FEC ID number of contributing federal political committee. CA 95608 Amount of Each Receipt this Pe	10.00			
icacial political committee.				
Name of Employer Occupation Director of State Affairs				
Maxim Healthcare Services Inc Director of State Affairs Receipt For: Aggregate Vear to Date ▼				
Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00				
,				
Full Name (Last, First, Middle Initial) 3. Kris Frank Date of Receipt				
Mailing Address 4771 Marlborough Way 05 29 201				
City State Zip Code Transaction ID : SA11AI.5613	~			
Carmichael CA 95608 Amount of Each Receipt this Pe	eriod			
FEC ID number of contributing federal political committee.	10.00			
Name of Employer Occupation Maxim Healthcare Services Inc Director of State Affairs				
Director of State Affairs				
Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00				
Full Name (Last, First, Middle Initial) C. Kris Frank Date of Receipt				
Mailing Address 4771 Marlborough Way Mailing Address 4771 Marlborough Way 06 05 201				
City State Zip Code Transaction ID : SA11Al.5614				
Carmichael CA 95608 Amount of Each Receipt this Pe	eriod			
FEC ID number of contributing federal political committee.	10.00			
Name of Employer Occupation				
Maxim Healthcare Services Inc Director of State Affairs				
Receipt For: Aggregate Year-to-Date ▼ Primary General				
Other (specify) ▼ 230.00				
SUBTOTAL of Receipts This Page (optional)	30.00			
TOTAL This Period (last page this line number only)				

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Kris Frank Date of Receipt Mailing Address 4771 Marlborough Way 2015 City State Zip Code Transaction ID: SA11AI.5615 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Director of State Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kris Frank Date of Receipt Mailing Address 4771 Marlborough Way 06 19 2015 City State Zip Code Transaction ID: SA11AI.5617 Carmichael CA 95608 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc **Director of State Affairs** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c**. Kris Frank Date of Receipt Mailing Address 4771 Marlborough Way

Primary 260.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Zip Code

95608

State

CA

Occupation

Director of State Affairs

Aggregate Year-to-Date ▼

С

2015

10.00

26

Transaction ID: SA11AI.5616

Amount of Each Receipt this Period

06

City

Carmichael

Receipt For:

FEC ID number of contributing

Maxim Healthcare Services Inc

General

federal political committee.

Name of Employer

FOR LINE NUMBER:				PAGE	: 3	37	OF	•	117		
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NAME OF COMMITTEE (In Full)	the name and address of any political committee	
Full Name (Last, First, Middle Initial) Andrew M Friedell Mailing Address 523A Epping Forrest Rd City Annapolis FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21401 C Occupation Vice President - Govt Affairs Aggregate Year-to-Date ▼ 210.00	Date of Receipt 02 13 2015 Transaction ID: SA11AI.5623 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Andrew M Friedell Mailing Address 523A Epping Forrest Rd City Annapolis FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21401 C Occupation Vice President - Govt Affairs Aggregate Year-to-Date ▼ 240.00	Date of Receipt 02 20 2015 Transaction ID: SA11AI.5624 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Andrew M Friedell Mailing Address 523A Epping Forrest Rd City Annapolis FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21401 C Occupation Vice President - Govt Affairs Aggregate Year-to-Date ▼ 270.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	90.00
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Full Name (Last, First, Middle Initial) Andrew M Friedell		Date of Receipt
Mailing Address 523A Epping Forrest Rd		03 06 2015
City	State Zip Code	Transaction ID : SA11AI.5626
Annapolis	MD 21401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Andrew M Friedell		Date of Receipt
Mailing Address 523A Epping Forrest Rd		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	03 13 2015 Transaction ID : SA11Al.5627
Annapolis	MD 21401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	
Full Name (Last, First, Middle Initial)		D. (D.)
Andrew M Friedell		Date of Receipt
Mailing Address 523A Epping Forrest Ro	1	03 20 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.5628
Annapolis	MD 21401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	00 0	
	360.00	

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Andrew M Friedell Date of Receipt Mailing Address 523A Epping Forrest Rd 2015 27 City Zip Code State Transaction ID: SA11AI.5629 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Vice President - Govt Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew M Friedell Date of Receipt Mailing Address 523A Epping Forrest Rd 04 03 2015 City State Zip Code Transaction ID: SA11AI.5630 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Govt Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) c. Andrew M Friedell Date of Receipt Mailing Address 523A Epping Forrest Rd 04 10 2015 City Zip Code State Transaction ID: SA11AI.5631 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Vice President - Govt Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Andrew M Friedell Date of Receipt Mailing Address 523A Epping Forrest Rd 04 2015 City Zip Code State Transaction ID: SA11AI.5632 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Vice President - Govt Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew M Friedell Date of Receipt Mailing Address 523A Epping Forrest Rd 04 24 2015 City State Zip Code Transaction ID: SA11AI.5633 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Govt Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) c. Andrew M Friedell Date of Receipt Mailing Address 523A Epping Forrest Rd 05 01 2015 City Zip Code State Transaction ID: SA11AI.5634 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Vice President - Govt Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 41 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Andrew M Friedell Date of Receipt Mailing Address 523A Epping Forrest Rd 2015 08 City State Zip Code Transaction ID: SA11AI.5635 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Vice President - Govt Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) Full Name (Last, First, Middle Initial)

В.	Andrew M Friedell	Date of Receipt	
	Mailing Address 523A Epping Forrest Rd		05 15 _2015 _
	City	State Zip Code	Transaction ID : SA11AI.5636
	Annapolis	MD 21401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Maxim Healthcare Services Inc	Occupation Vice President - Govt Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
С .	Full Name (Last, First, Middle Initial) Andrew M Friedell		Date of Receipt
	Mailing Address 523A Epping Forrest Rd		05 22 2015
	City	State Zip Code	Transaction ID : SA11AI.5637
	Annapolis	MD 21401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Maxim Healthcare Services Inc	Vice President - Govt Affairs	

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630.00

Aggregate Year-to-Date ▼

Receipt For:

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Other (specify)

General

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	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES I	INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Andrew M Friedell Mailing Address 523A Epping Forrest Rd		Date of Receipt
		05 29 2015
City Annapolis	State Zip Code MD 21401	Transaction ID : SA11AI.5638
<u> </u>	Z 140 1	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	660.00	
Full Name (Last, First, Middle Initial) Andrew M Friedell		Date of Receipt
Mailing Address 523A Epping Forrest Rd	06 05 2015	
City	State Zip Code	Transaction ID : SA11AI.5639
Annapolis	MD 21401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
Full Name (Last, First, Middle Initial) C. Andrew M Friedell		Date of Receipt
Mailing Address 523A Epping Forrest Rd		06 12 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.5640
Annapolis	MD 21401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	720.00	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Andrew M Friedell		Date of Receipt
Mailing Address 523A Epping Forrest Ro	1	06 19 _ 2015
City	State Zip Code	Transaction ID : SA11AI.5642
Annapolis	MD 21401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Andrew M Friedell	'	Date of Receipt
Mailing Address 523A Epping Forrest Ro	I	M = M / D = D / Y = Y = Y
City	State Zip Code	06 26 2015
Annapolis	MD 21401	Transaction ID : SA11AI.5641
	2::0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	780.00	
Full Name (Last, First, Middle Initial) Robert K Gehman Jr		Date of Receipt
Mailing Address 229 Treherne Road		03 13 2015
City	State Zip Code	Transaction ID : SA11AI.5678
Lutherville	MD 21093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	220.00	
Other (specify)		

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NAME OF COMMITTEE (In Full)

\geq		INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Α.	Full Name (Last, First, Middle Initial) Robert K Gehman Jr		Date of Receipt
	Mailing Address 229 Treherne Road	03 20 2015	
	City	State Zip Code	Transaction ID : SA11AI.5679
	Lutherville	MD 21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer	Occupation	
	Maxim Healthcare Services Inc	Vice President - Finance	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
— В.	Full Name (Last, First, Middle Initial) Robert K Gehman Jr		Date of Receipt
	Mailing Address 229 Treherne Road		03 27 2015
	City	State Zip Code	Transaction ID : SA11AI.5680
	Lutherville	MD 21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer	Occupation	
	Maxim Healthcare Services Inc	Vice President - Finance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	
c.	Full Name (Last, First, Middle Initial) Robert K Gehman Jr		Date of Receipt
	Mailing Address 229 Treherne Road		04 03 2015
	City Lutherville	State Zip Code MD 21093	Transaction ID : SA11AI.5681
	FEC ID number of contributing federal political committee.	C 21095	Amount of Each Receipt this Period 20.00
	Name of Employer	Occupation	
	Maxim Healthcare Services Inc	Vice President - Finance	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	280.00	
S	SUBTOTAL of Receipts This Page (optional)		60.00

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

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 04 10 2015 City Zip Code State Transaction ID: SA11AI.5682 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 04 17 2015 City State Zip Code Transaction ID: SA11AI.5683 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 04 24 2015 City Zip Code State Transaction ID: SA11AI.5684 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) A. Robert K Gehman Jr		Date of Receipt
Mailing Address 229 Treherne Road		05 01 2015
City	State Zip Code	Transaction ID : SA11AI.5685
Lutherville	MD 21093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Vice President - Finance	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) Robert K Gehman Jr	1	Date of Receipt
Mailing Address 229 Treherne Road		05 08 2015
City	State Zip Code	Transaction ID : SA11AI.5686
Lutherville	MD 21093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Vice President - Finance	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial) C. Robert K Gehman Jr	1	Date of Receipt
Mailing Address 229 Treherne Road		05 15 2015
City	State Zip Code	Transaction ID : SA11AI.5687
Lutherville	MD 21093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Vice President - Finance	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		60.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 2015 22 City Zip Code State Transaction ID: SA11AI.5688 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 05 29 2015 City State Zip Code Transaction ID: SA11AI.5689 Lutherville MD 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 05 06 2015 City Zip Code State Transaction ID: SA11AI.5690 MD Lutherville 21093 Amount of Each Receipt this Period

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460.00

С

Occupation

Vice President - Finance

Aggregate Year-to-Date ▼

20.00

FEC ID number of contributing

Maxim Healthcare Services Inc

Other (specify)

General

federal political committee.

Name of Employer

Primary

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	Statements may not be sold or used by any person e name and address of any political committee to	
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		Date of Receipt
		06 12 2015
City Lutherville	State Zip Code MD 21093	Transaction ID : SA11AI.5691
	21093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) Robert K Gehman Jr		Date of Receipt
Mailing Address 229 Treherne Road		M M / D D / Y Y Y Y Y
City	State Zip Code	06 19 2015 Transaction ID : SA11AI.5693
Lutherville	MD 21093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Robert K Gehman Jr		Date of Receipt
Mailing Address 229 Treherne Road		06 26 2015
City	State Zip Code	Transaction ID : SA11AI.5692
Lutherville	MD 21093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	520.00	
SUBTOTAL of Receipts This Page (optional)		60.00
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) A. Garrett Ryan Goad		Date of Receipt
Mailing Address 4734 Crater Rim Rd		05 22 2015
City	State Zip Code	Transaction ID : SA11AI.5713
Carlsbad	CA 92010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Garrett Ryan Goad		Date of Receipt
Mailing Address 4734 Crater Rim Rd		05 29 2015
City	State Zip Code	Transaction ID : SA11AI.5714
Carlsbad	CA 92010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) C. Garrett Ryan Goad	•	Date of Receipt
Mailing Address 4734 Crater Rim Rd		06 05 2015
City	State Zip Code	Transaction ID : SA11AI.5715
Carlsbad	CA 92010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	220.00	
Other (specify) ▼	230.00	
SUBTOTAL of Receipts This Page (optional)		30.00
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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES I	NC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Garrett Ryan Goad Mailing Address 4734 Crater Rim Rd		Date of Receipt
au.		06 12 2015
City Carlsbad	State Zip Code CA 92010	Transaction ID : SA11AI.5716
FEC ID number of contributing federal political committee.	C 92010	Amount of Each Receipt this Period 10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) 3. Garrett Ryan Goad		Date of Receipt
Mailing Address 4734 Crater Rim Rd		06 19 _ 2015 _
City	State Zip Code	06 19 2015 Transaction ID : SA11AI.5718
Carlsbad	CA 92010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Carrett Ryan Goad		Date of Receipt
Mailing Address 4734 Crater Rim Rd		06 26 2015
City	State Zip Code	Transaction ID : SA11AI.5717
Carlsbad	CA 92010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional)		30.00
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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 2015 City Zip Code State Transaction ID: SA11AI.5724 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 02 20 2015 City State Zip Code Transaction ID: SA11AI.5725 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 02 27 2015 City Zip Code State Transaction ID: SA11AI.5726 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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7 Α or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 06 2015 City State Zip Code Transaction ID: SA11AI.5727 TX 75034 Frisco Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 03 13 2015 City State Zip Code Transaction ID: SA11AI.5728 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 20 03 2015 City Zip Code State Transaction ID: SA11AI.5729 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 2015 27 City Zip Code State Transaction ID: SA11AI.5730 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 04 03 2015 City State Zip Code Transaction ID: SA11AI.5731 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 04 10 2015 City Zip Code State Transaction ID: SA11AI.5732 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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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) Jeremy Ben Goldberg Mailing Address 6484 Mountain Sky Road		Date of Receipt
City	State 7in Code	04 17 2015
City Frisco	State Zip Code TX 75034	Transaction ID : SA11AI.5733 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg		Date of Receipt
Mailing Address 6484 Mountain Sky Road		M M / D D / Y Y Y Y
City	State Zip Code	04 24 2015 Transaction ID : SA11AI.5734
Frisco	TX 75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) C. Jeremy Ben Goldberg		Date of Receipt
Mailing Address 6484 Mountain Sky Road		05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 75034	Transaction ID : SA11AI.5735
Frisco	TX 75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	540.00	
SUBTOTAL of Receipts This Page (optional)		90.00
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 08 2015 City Zip Code State Transaction ID: SA11AI.5736 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 05 15 2015 City State Zip Code Transaction ID: SA11AI.5737 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 22 05 2015 City Zip Code State Transaction ID: SA11AI.5738 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify)

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg Mailing Address 6484 Mountain Sky Road		Date of Receipt
0''	7.01	05 29 2015
City	State Zip Code TX 75034	Transaction ID : SA11AI.5739
Frisco	17 75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	660.00	
Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg		Date of Receipt
Mailing Address 6484 Mountain Sky Road		06 05 2015
City	State Zip Code	Transaction ID : SA11AI.5740
Frisco	TX 75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
Full Name (Last, First, Middle Initial) C. Jeremy Ben Goldberg		Date of Receipt
Mailing Address 6484 Mountain Sky Road		06 12 _ 2015 _
City Frisco	State Zip Code TX 75034	Transaction ID : SA11AI.5741 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	720.00	
SUBTOTAL of Receipts This Page (optional)		90.00
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	d Statements may not be sold or used by any persthe name and address of any political committee to	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Laura L Hughes Mailing Address 19914 Gunpowder Road		Date of Receipt
City Manchester	State Zip Code MD 21102	02 20 2015 Transaction ID : SA11Al.5775 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Maxim Healthcare Services Inc Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation VP of Medicare West & Central Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) 3. Laura L Hughes Mailing Address 19914 Gunpowder Road		Date of Receipt 02 27 2015
City Manchester	State Zip Code MD 21102	Transaction ID : SA11AI.5776 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer Maxim Healthcare Services Inc	Occupation VP of Medicare West & Central	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Laura L Hughes		Date of Receipt
Mailing Address 19914 Gunpowder Road City	State Zip Code	03 06 2015
Manchester	MD 21102	Transaction ID : SA11AI.5777 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer Maxim Healthcare Services Inc	Occupation VP of Medicare West & Central	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional).	•	90.00
TOTAL This Period (last page this line numb	er only)	

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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) Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 2015 13 City Zip Code State Transaction ID: SA11AI.5778 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 03 20 2015 City State Zip Code Transaction ID: SA11AI.5779 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) C. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 03 27 2015 City Zip Code State Transaction ID: SA11AI.5780 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 04 2015 0.3 City Zip Code State Transaction ID: SA11AI.5781 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 04 10 2015 City State Zip Code Transaction ID: SA11AI.5782 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 17 04 2015 City Zip Code State Transaction ID: SA11AI.5783 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 04 2015 24 City Zip Code State Transaction ID: SA11AI.5784 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 05 01 2015 City State Zip Code Transaction ID: SA11AI.5785 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 80 05 2015 City Zip Code State Transaction ID: SA11AI.5786 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Laura L Hughes Mailing Address 19914 Gunpowder Road		Date of Receipt
City Manchester	State Zip Code MD 21102	05 15 2015 Transaction ID : SA11AI.5787 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Maxim Healthcare Services Inc Receipt For:	Occupation VP of Medicare West & Central Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Laura L Hughes Mailing Address 19914 Gunpowder Road	•	Date of Receipt
City Manchester	State Zip Code MD 21102	05 22 2015 Transaction ID : SA11AI.5788 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer Maxim Healthcare Services Inc	Occupation VP of Medicare West & Central	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) Laura L Hughes	•	Date of Receipt
Mailing Address 19914 Gunpowder Road City	State Zip Code	05 29 2015
Manchester	MD 21102	Transaction ID : SA11AI.5789 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation VP of Medicare West & Central	
Maxim Healthcare Services Inc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	VP of Medicare West & Central Aggregate Year-to-Date ▼ 660.00	
SUBTOTAL of Receipts This Page (optional)	•	90.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 05 2015 City Zip Code State Transaction ID: SA11AI.5790 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 06 12 2015 City State Zip Code Transaction ID: SA11AI.5791 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 06 19 2015 City Zip Code State Transaction ID: SA11AI.5793 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing

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750.00

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Occupation

VP of Medicare West & Central

Aggregate Year-to-Date ▼

30.00

federal political committee.

Maxim Healthcare Services Inc

Other (specify)

General

Name of Employer

Primary

Receipt For:

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	nd Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	ES INC POLITICAL ACTION COMMITTER	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Laura L Hughes Mailing Address 19914 Gunpowder Road		Date of Receipt
<u> </u>		06 26 2015
City	State Zip Code MD 21102	Transaction ID : SA11AI.5792
Manchester	MD 21102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	VP of Medicare West & Central	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	780.00	
Full Name (Last, First, Middle Initial) Matthew Johnston		Date of Receipt
Mailing Address 14017 Bradshaw St.		02 13 2015 _
City	State Zip Code	Transaction ID : SA11AI.5795
Overland Park	KS 66221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Administrative Officer	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Matthew Johnston		Date of Receipt
Mailing Address 14017 Bradshaw St.		02 20 2015
City	State Zip Code	Transaction ID : SA11AI.5796
Overland Park	KS 66221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Administrative Officer]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	l) >	530.00
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee to	son for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Matthew Johnston		Date of Receipt
Mailing Address 14017 Bradshaw St.		02 27 2015
City	State Zip Code	Transaction ID : SA11AI.5797
Overland Park	KS 66221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Administrative Officer	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Robert Krause		Date of Receipt
Mailing Address 817 N. Anderson St.		05 22 2015
City	State Zip Code	Transaction ID: SA11AI.5828
Tacoma	WA 98406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Director of Divisional Operati	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) C. Robert Krause		Date of Receipt
Mailing Address 817 N. Anderson St.		05 29 2015
City	State Zip Code	Transaction ID : SA11AI.5829
Tacoma	WA 98406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Director of Divisional Operati	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional)		270.00
TOTAL This Period (last page this line number	· only)	

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE:	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) A. Robert Krause		Date of Receipt
Mailing Address 817 N. Anderson St.		06 05 2015
City	State Zip Code	Transaction ID : SA11AI.5830
Tacoma	WA 98406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	+
Maxim Healthcare Services Inc	Director of Divisional Operati	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) Robert Krause	'	Date of Receipt
Mailing Address 817 N. Anderson St.		06 12 2015
City	State Zip Code	Transaction ID : SA11AI.5831
Tacoma	WA 98406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Director of Divisional Operati	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 817 N. Anderson St.		06 19 2015
City	State Zip Code	Transaction ID : SA11AI.5833
Tacoma	WA 98406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Director of Divisional Operati	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line numb	er only)	

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) A. Robert Krause		Date of Receipt
Mailing Address 817 N. Anderson St.		06 26 2015
City	State Zip Code	Transaction ID : SA11AI.5832
Tacoma	WA 98406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	+
Maxim Healthcare Services Inc	Director of Divisional Operati	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) 3. Timothy L. Kuhn		Date of Receipt
Mailing Address 508 Wilton Road		02 20 2015
City	State Zip Code	Transaction ID : SA11AI.5865
Towson	MD 21286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	224.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 508 Wilton Road		02 27 2015
City	State Zip Code	Transaction ID : SA11AI.5866
Towson	MD 21286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer	Occupation	†
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	252.00	
SUBTOTAL of Receipts This Page (optional)		66.00
TOTAL This Period (last page this line numb	per only)	

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

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	d Statements may not be sold or used by any per the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Timothy L. Kuhn		Date of Receipt
Mailing Address 508 Wilton Road		03 06 2015
City	State Zip Code	Transaction ID : SA11AI.5867
Towson	MD 21286	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer	Occupation	7
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial) Timothy L. Kuhn	•	Date of Receipt
Mailing Address 508 Wilton Road		03 13 2015
City	State Zip Code	Transaction ID : SA11AI.5868
Towson	MD 21286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	308.00	
Full Name (Last, First, Middle Initial) C. Timothy L. Kuhn		Date of Receipt
Mailing Address 508 Wilton Road		03 20 2015
City Towson	State Zip Code MD 21286	Transaction ID : SA11AI.5869 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	336.00	
SUBTOTAL of Receipts This Page (optional)		84.00
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 2015 27 City Zip Code State Transaction ID: SA11AI.5870 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Name of Employer Occupation Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 364.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 04 03 2015 City State Zip Code Transaction ID: SA11AI.5871 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Chief Culture Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 392.00 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 04 10 2015 City Zip Code State Transaction ID: SA11AI.5872 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing 28.00 С federal political committee. Name of Employer Occupation Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 84.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	nd Statements may not be sold or used by any person the name and address of any political committee to			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	ES INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)		
Full Name (Last, First, Middle Initial) Timothy L. Kuhn		Date of Receipt		
Mailing Address 508 Wilton Road		04 17 2015		
City Towson	State Zip Code MD 21286	Transaction ID : SA11AI.5873 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	28.00		
Name of Employer Maxim Healthcare Services Inc	Occupation Chief Culture Officer			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 448.00			
Full Name (Last, First, Middle Initial) Timothy L. Kuhn Mailing Address 508 Wilton Road	nothy L. Kuhn			
City	State Zip Code	7		
Towson FEC ID number of contributing federal political committee.	MD 21286	Amount of Each Receipt this Period 28.00		
Name of Employer Maxim Healthcare Services Inc	Occupation Chief Culture Officer			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 476.00			
Full Name (Last, First, Middle Initial) C. Timothy L. Kuhn	•	Date of Receipt		
Mailing Address 508 Wilton Road		05 01 Y = Y = Y = Y = Y		
City Towson	State Zip Code MD 21286	Transaction ID : SA11AI.5875 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	28.00		
Name of Employer Maxim Healthcare Services Inc	Occupation Chief Culture Officer			
Receipt For: Primary General	Aggregate Year-to-Date ▼	1		
Other (specify)	504.00			
SUBTOTAL of Receipts This Page (optional	ı) >	84.00		
TOTAL This Period (last page this line num	aber only)			

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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Timothy L. Kuhn		Date of Receipt
Mailing Address 508 Wilton Road		05 08 2015
City	State Zip Code	Transaction ID : SA11AI.5876
Towson	MD 21286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer	Occupation	+
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate rear-to-Date ▼	
Other (specify) ▼	532.00	
Full Name (Last, First, Middle Initial) Timothy L. Kuhn		Date of Receipt
Mailing Address 508 Wilton Road		05 15 2015
City	State Zip Code	Transaction ID : SA11AI.5877
Towson	MD 21286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	560.00	
Full Name (Last, First, Middle Initial)		Date of Descript
C. Timothy L. Kuhn Mailing Address 508 Wilton Road		Date of Receipt
-		05 22 2015
City Towson	State Zip Code MD 21286	Transaction ID : SA11AI.5878
-	VID 21200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer	Occupation	_
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	588.00	
SUBTOTAL of Receipts This Page (optional)	>	84.00
TOTAL This Period (last page this line numb	per only)	

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72 OF for each category of the 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 2015 City Zip Code State Transaction ID: SA11AI.5879 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Name of Employer Occupation Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 616.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 06 05 2015 City State Zip Code Transaction ID: SA11AI.5880 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Chief Culture Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 644.00 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 06 12 2015 City Zip Code State Transaction ID: SA11AI.5881 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing 28.00 С federal political committee. Name of Employer Occupation Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 672.00 Other (specify) 84.00 SUBTOTAL of Receipts This Page (optional).....

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

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 2015 City Zip Code State Transaction ID: SA11AI.5883 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Name of Employer Occupation Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 06 26 2015 City State Zip Code Transaction ID: SA11AI.5882 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Chief Culture Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 728.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy T. Markewicz Date of Receipt Mailing Address 2678 Westbreeze Dr 05 22 2015 City Zip Code State Transaction ID: SA11AI.5903 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing 9.62 С federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 202.02 Other (specify) 65.62 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Jeremy T. Markewicz Mailing Address 2678 Westbreeze Dr		Date of Receipt
City	State Zip Code	05 29 2015 Transaction ID : SA11AI.5904
Hilliard FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period 9.62
Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Area Vice President Aggregate Year-to-Date ▼ 211.64	
Full Name (Last, First, Middle Initial) 3. Jeremy T. Markewicz Mailing Address 2678 Westbreeze Dr		Date of Receipt
City Hilliard	State Zip Code OH 43026	06 05 2015 Transaction ID : SA11AI.5905 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	9.62
Name of Employer Maxim Healthcare Services Inc	Occupation Area Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	
Full Name (Last, First, Middle Initial) C. Jeremy T. Markewicz	<u>'</u>	Date of Receipt
Mailing Address 2678 Westbreeze Dr		06 12 Y Y Y Y Y
City Hilliard	State Zip Code OH 43026	Transaction ID : SA11AI.5906 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	9.62
Name of Employer	Occupation	-
Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Area Vice President Aggregate Year-to-Date ▼ 230.88	
SUBTOTAL of Receipts This Page (optional)	28.86
TOTAL This Period (last page this line number	ber only)	

FOR LINE NUMBER: PAGE 75 OF 117 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jeremy T. Markewicz Date of Receipt Mailing Address 2678 Westbreeze Dr 2015 City Zip Code State Transaction ID: SA11AI.5908 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 9.62 federal political committee. Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.50 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy T. Markewicz Date of Receipt Mailing Address 2678 Westbreeze Dr 06 26 2015 City State Zip Code Transaction ID: SA11AI.5907 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing 9.62 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.12 Other (specify) Full Name (Last, First, Middle Initial) c. Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 02 13 2015 City Zip Code State Transaction ID: SA11AI.5939 MD **Baltimore** 21212 Amount of Each Receipt this Period

FEC ID number of contributing С federal political committee. Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 201.88 Other (specify)

SUBTOTAL of Receipts This Page (optional)		7	I	7			48.0	В	
TOTAL This Period (last page this line number only)		7		7	_	_		_	

28.84

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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) A. Deeley C Middleton Mailing Address 213 St Dunstans Road		Date of Receipt
City	State Zip Code	02 20 2015 Transaction ID : SA11AI.5940
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	230.72	
Full Name (Last, First, Middle Initial) 3. Deeley C Middleton		Date of Receipt
Mailing Address 213 St Dunstans Road		02 27 _2015 _
City	State Zip Code	Transaction ID : SA11AI.5941
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 259.56	
Full Name (Last, First, Middle Initial) Deeley C Middleton		Date of Receipt
Mailing Address 213 St Dunstans Road		M = M / D = D / Y = Y = Y
City	State Zip Code	03 06 2015
Baltimore	MD 21212	Transaction ID : SA11AI.5942 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	†
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	288.40	
SUBTOTAL of Receipts This Page (optional)) >	86.52
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TOTAL This Period (last page this line numb	per only)	

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	d Statements may not be sold or used by any pers the name and address of any political committee to				
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial) Deeley C Middleton		Date of Receipt			
Mailing Address 213 St Dunstans Road		03 13 2015			
City Baltimore	State Zip Code MD 21212	Transaction ID : SA11AI.5943 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	28.84			
Name of Employer Maxim Healthcare Services Inc Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 317.24				
Full Name (Last, First, Middle Initial) Deeley C Middleton Mailing Address 213 St Dunstans Road		Date of Receipt 03 20 2015			
City Baltimore	· ·				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 28.84			
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				
Full Name (Last, First, Middle Initial) Deeley C Middleton		Date of Receipt			
Mailing Address 213 St Dunstans Road		03 27 2015			
City Baltimore	State Zip Code MD 21212	Transaction ID : SA11AI.5945 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	28.84			
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				
SUBTOTAL of Receipts This Page (optional)	_	86.52			
TOTAL This Period (last page this line numb	er only)				

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	d Statements may not be sold or used by any per the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Deeley C Middleton Mailing Address 213 St Dunstans Road		Date of Receipt
0::	21.0	04 03 2015
City	State Zip Code MD 21212	Transaction ID : SA11AI.5946
Baltimore	1VID 21212	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	7
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 403.76	
Full Name (Last, First, Middle Initial) Deeley C Middleton		Date of Receipt
Mailing Address 213 St Dunstans Road	04 10 2015	
City	State Zip Code	Transaction ID : SA11AI.5947
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	28.84
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 432.60	
Full Name (Last, First, Middle Initial) Deeley C Middleton		Date of Receipt
Mailing Address 213 St Dunstans Road		04 17 _ 2015 _
City Baltimore	State Zip Code MD 21212	Transaction ID : SA11AI.5948 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	461.44	
SUBTOTAL of Receipts This Page (optional)	>	86.52
TOTAL This Period (last page this line numb	er only)	

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

	FOR	LINE	PAGE	. 7	79	OF	•	117			
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	Statements may not be sold or used by any per- he name and address of any political committee t	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Deeley C Middleton Mailing Address 213 St Dunstans Road		Date of Receipt
City	State Zip Code	04 24 2015 Transaction ID : SA11AI.5949
FEC ID number of contributing federal political committee.	MD 21212	Amount of Each Receipt this Period 28.84
Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 490.28	
Full Name (Last, First, Middle Initial) Deeley C Middleton Mailing Address 213 St Dunstans Road		Date of Receipt
City Baltimore	State Zip Code MD 21212	Transaction ID : SA11AI.5950 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	28.84
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	
Full Name (Last, First, Middle Initial) C. Deeley C Middleton		Date of Receipt
Mailing Address 213 St Dunstans Road		05 08 2015
City Baltimore	State Zip Code MD 21212	Transaction ID : SA11AI.5951 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
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	_
SUBTOTAL of Receipts This Page (optional).	>	86.52
TOTAL This Period (last page this line number	er only)	

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 2015 City Zip Code State Transaction ID: SA11AI.5952 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 576.80 Other (specify) Full Name (Last, First, Middle Initial) B. Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 05 22 2015 City State Zip Code Transaction ID: SA11AI.5953 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 605.64 Other (specify) Full Name (Last, First, Middle Initial) c. Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 05 29 2015 City Zip Code State Transaction ID: SA11AI.5954 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 С federal political committee. Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 634.48 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

FOR LINE	NUMBER	: PAGE	81 OF	117						
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o 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		Date of Receipt
Mailing Address 213 St Dunstans Road		06 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5955
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	663.32	
Full Name (Last, First, Middle Initial) Deeley C Middleton	,	Date of Receipt
Mailing Address 213 St Dunstans Road		06 12 2015
City	State Zip Code	Transaction ID : SA11AI.5956
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	692.16	
Full Name (Last, First, Middle Initial) C. Deeley C Middleton	1	Date of Receipt
Mailing Address 213 St Dunstans Road		06 19 2015
City	State Zip Code	Transaction ID : SA11AI.5958
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	721.00	
SUBTOTAL of Receipts This Page (optional)	•	86.52
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Maxim Healthcare Services Inc

Other (specify)

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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) Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 2015 26 City State Zip Code Transaction ID: SA11AI.5957 MD Baltimore 21212 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 749.84 Other (specify) Full Name (Last, First, Middle Initial) B. Robert J Moran Date of Receipt Mailing Address 6430 Blenheim Road 05 22 2015 City State Zip Code Transaction ID: SA11AI.6003 **Baltimore** MD 21212 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
 Full Name (Last, First, Middle Initial) Robert J Moran			Date of Receipt
Mailing Address 6430 Blenheim Road			05 29 2015
City	State	Zip Code	Transaction ID : SA11AI.6004
Baltimore	MD	21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer	Occupation		
Maxim Healthcare Services Inc	Area Vice F	President	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	

220.00

Area Vice President

FEC Schedule A (Form 3X) Rev. 02/2003

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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		Date of Receipt
Mailing Address 6430 Blenheim Road		06 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6005
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Area Vice President	Į.
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		ļ
Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) Robert J Moran		Date of Receipt
Mailing Address 6430 Blenheim Road		06 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6006
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Area Vice President	ļ
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Robert J Moran		Date of Receipt
Mailing Address 6430 Blenheim Road		06 19 2015
City	State Zip Code	Transaction ID : SA11AI.6008
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	Į.
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		Į.
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		30.00
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Robert J Moran Date of Receipt Mailing Address 6430 Blenheim Road 2015 26 City Zip Code State Transaction ID: SA11AI.6007 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** James Nichols Date of Receipt Mailing Address 296 Dandridge Dr. 05 22 2015 City State Zip Code Transaction ID: SA11AI.6078 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. James Nichols Date of Receipt Mailing Address 296 Dandridge Dr. 29 05 2015 City Zip Code State Transaction ID: SA11AI.6079 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify)

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) James Nichols Date of Receipt Mailing Address 296 Dandridge Dr. 05 2015 City State Zip Code Transaction ID: SA11AI.6080 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** James Nichols Date of Receipt Mailing Address 296 Dandridge Dr. 06 12 2015 City State Zip Code Transaction ID: SA11AI.6081 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. James Nichols Date of Receipt Mailing Address 296 Dandridge Dr. 06 19 2015 City Zip Code State Transaction ID: SA11AI.6083 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full)

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

\angle			
Α.	Full Name (Last, First, Middle Initial) James Nichols		Date of Receipt
	Mailing Address 296 Dandridge Dr.		06 26 2015 _
	City	State Zip Code	Transaction ID : SA11AI.6082
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer	Occupation	
	Maxim Healthcare Services Inc	Area Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	
В.	Full Name (Last, First, Middle Initial) Marsha C Plaine		Date of Receipt
	Mailing Address 3503 Nelson Meadow Ln		04 03 2015
	City	State Zip Code	Transaction ID : SA11AI.6146
	Greensboro	NC 27406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer	Occupation	
	Maxim Healthcare Services Inc	Area VP of Clinical Ops.	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	210.00	
C.	Full Name (Last, First, Middle Initial) Marsha C Plaine		Date of Receipt
	Mailing Address 3503 Nelson Meadow Ln		04 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA11AI.6147
	Greensboro	NC 27406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer	Occupation	
	Maxim Healthcare Services Inc	Area VP of Clinical Ops.	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	225.00	
H	GUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	40.00

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$\left. \right\rangle$		INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)				
Α.	Full Name (Last, First, Middle Initial) Marsha C Plaine		Date of Receipt				
	Mailing Address 3503 Nelson Meadow Ln		04 17 2015				
	City Greensboro	State Zip Code NC 27406	Transaction ID : SA11AI.6148 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	15.00				
	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					
— В.	Full Name (Last, First, Middle Initial) Marsha C Plaine		Date of Receipt				
	Mailing Address 3503 Nelson Meadow Ln	04 24 2015					
	City Greensboro	State Zip Code NC 27406	Transaction ID : SA11AI.6149 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С	15.00				
	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					
<u> </u>	Full Name (Last, First, Middle Initial) Marsha C Plaine		Date of Receipt				
	Mailing Address 3503 Nelson Meadow Ln		05 01 _ 2015 _				
	City Greensboro	State Zip Code NC 27406	Transaction ID : SA11AI.6150 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С	15.00				
	Name of Employer	Occupation					
	Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Area VP of Clinical Ops. Aggregate Year-to-Date ▼ 270.00					
s	SUBTOTAL of Receipts This Page (optional)		45.00				

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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES I	NC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Marsha C Plaine Mailing Address 3503 Nelson Meadow Ln		Date of Receipt
City	State Zip Code	05 08 2015
Greensboro	NC 27406	Transaction ID : SA11AI.6151 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area VP of Clinical Ops.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	
Full Name (Last, First, Middle Initial) Marsha C Plaine		Date of Receipt
Mailing Address 3503 Nelson Meadow Ln	M = M / D = D / Y = Y = Y	
City	State Zip Code	05 15 2015 Transaction ID : SA11Al.6152
Greensboro	NC 27406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area VP of Clinical Ops.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Marsha C Plaine		Date of Receipt
Mailing Address 3503 Nelson Meadow Ln		05 22 2015
City Greensboro	State Zip Code NC 27406	Transaction ID : SA11AI.6153
FEC ID number of contributing federal political committee.	C 27400	Amount of Each Receipt this Period
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area VP of Clinical Ops.	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	315.00	
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NAME OF COMMITTEE (In Full)

	MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)				
Α.	Full Name (Last, First, Middle Initial) Marsha C Plaine		Date of Receipt				
	Mailing Address 3503 Nelson Meadow Ln		05 29 2015				
	City Greensboro	State Zip Code NC 27406	Transaction ID : SA11AI.6154 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	15.00				
	Name of Employer	Occupation					
	Maxim Healthcare Services Inc	Area VP of Clinical Ops.					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00					
В.	Full Name (Last, First, Middle Initial) Marsha C Plaine	Date of Receipt					
	Mailing Address 3503 Nelson Meadow Ln	06 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State Zip Code	Transaction ID : SA11AI.6155				
	Greensboro	NC 27406	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	15.00				
	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					
<u>с.</u>	Full Name (Last, First, Middle Initial) Marsha C Plaine		Date of Receipt				
	Mailing Address 3503 Nelson Meadow Ln		06 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Greensboro	State Zip Code NC 27406	Transaction ID : SA11AI.6156 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	15.00				
	Name of Employer						
	Maxim Healthcare Services Inc	Area VP of Clinical Ops.					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00					

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Marsha C Plaine Date of Receipt Mailing Address 3503 Nelson Meadow Ln 2015 City Zip Code State Transaction ID: SA11AI.6158 NC Greensboro 27406 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation Area VP of Clinical Ops. Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marsha C Plaine Date of Receipt Mailing Address 3503 Nelson Meadow Ln 06 26 2015 City State Zip Code Transaction ID: SA11AI.6157 Greensboro NC 27406 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area VP of Clinical Ops. Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. Charles M Schevitz Date of Receipt Mailing Address 204 Ritterslea Court 05 22 2015 City Zip Code State Transaction ID: SA11AI.6181 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Senior Director - Employee Rel Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

$\left. \right\rangle$	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES II	NC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)				
Α.	Full Name (Last, First, Middle Initial) Charles M Schevitz Mailing Address 204 Ritterslea Court		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
	City Owings Mills FEC ID number of contributing federal political committee.	State Zip Code MD 21117	Transaction ID : SA11AI.6182 Amount of Each Receipt this Period 10.00				
	Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Senior Director - Employee Rel Aggregate Year-to-Date ▼ 220.00					
В.	Full Name (Last, First, Middle Initial) Charles M Schevitz Mailing Address 204 Ritterslea Court		Date of Receipt				
	City Owings Mills FEC ID number of contributing federal political committee.	State Zip Code MD 21117	06 05 2015 Transaction ID : SA11AI.6183 Amount of Each Receipt this Period 10.00				
	Name of Employer Maxim Healthcare Services Inc Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Senior Director - Employee Rel Aggregate Year-to-Date ▼ 230.00					
<u>С</u> .	Full Name (Last, First, Middle Initial) Charles M Schevitz Mailing Address 204 Ritterslea Court		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Owings Mills FEC ID number of contributing federal political committee. Name of Employer	State Zip Code MD 21117 C Occupation	Transaction ID : SA11AI.6184 Amount of Each Receipt this Period 10.00				
	Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Senior Director - Employee Rel Aggregate Year-to-Date ▼ 240.00					
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Charles M Schevitz Date of Receipt Mailing Address 204 Ritterslea Court 2015 19 City Zip Code State Transaction ID: SA11AI.6186 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Senior Director - Employee Rel Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Charles M Schevitz Date of Receipt Mailing Address 204 Ritterslea Court 06 26 2015 City State Zip Code Transaction ID: SA11AI.6185 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Senior Director - Employee Rel Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. John P Smalley Date of Receipt Mailing Address 4535 N Camino del Obispo 05 22 2015 City Zip Code State Transaction ID: SA11AI.6222 ΑZ Tucson 85718 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify)

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o 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) John P Smalley		Date of Receipt
Mailing Address 4535 N Camino del Obispo		05 29 2015
City	State Zip Code	Transaction ID : SA11AI.6223
Tucson	AZ 85718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) 3. John P Smalley		Date of Receipt
Mailing Address 4535 N Camino del Obispo	M M / D D / Y Y Y Y Y	
City	State Zip Code	06 05 2015 Transaction ID : SA11Al.6224
Tucson	AZ 85718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Maxim Healthcare Services Inc	Occupation Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) D. John P Smalley		Date of Receipt
Mailing Address 4535 N Camino del Obispo		06 122015
City	State Zip Code	Transaction ID : SA11AI.6225
Tucson	AZ 85718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) John P Smalley Date of Receipt Mailing Address 4535 N Camino del Obispo 2015 19 City Zip Code State Transaction ID: SA11AI.6228 Tucson ΑZ 85718 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. John P Smalley Date of Receipt Mailing Address 4535 N Camino del Obispo 06 26 2015 City State Zip Code Transaction ID: SA11AI.6227 ΑZ Tucson 85718 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nathan Speer Date of Receipt Mailing Address 524 Toledo Dr 22 05 2015 City State Zip Code Transaction ID: SA11AI.6272 PΑ Lowe Burrell 15068 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **Director - National Accounts** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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	Statements may not be sold or used by any person e name and address of any political committee to					
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)				
Full Name (Last, First, Middle Initial) Nathan Speer Mailing Address 524 Toledo Dr		Date of Receipt				
		05 29 2015				
City	State Zip Code PA 15068	Transaction ID : SA11AI.6273				
Lowe Burrell	1 7 1000	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer	Occupation					
Maxim Healthcare Services Inc	Director - National Accounts					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	220.00					
Full Name (Last, First, Middle Initial) Nathan Speer		Date of Receipt				
Mailing Address 524 Toledo Dr	M M / D D / Y Y Y Y					
City	State Zip Code	06 05 2015				
Lowe Burrell	PA 15068	Transaction ID : SA11AI.6274 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	10.00				
Name of Employer	Occupation					
Maxim Healthcare Services Inc	Director - National Accounts					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00					
Full Name (Last, First, Middle Initial) C. Nathan Speer		Date of Receipt				
Mailing Address 524 Toledo Dr		06 12 2015				
City	State Zip Code	Transaction ID : SA11AI.6275				
Lowe Burrell	PA 15068	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer	Occupation					
Maxim Healthcare Services Inc	Director - National Accounts					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	240.00					
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	d Statements may not be sold or used by any pers the name and address of any political committee to			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)		
Full Name (Last, First, Middle Initial) Nathan Speer		Date of Receipt		
Mailing Address 524 Toledo Dr		M = M / D = D / Y = Y = Y = Y = Y = Of 19 = 2015		
City Lowe Burrell	State Zip Code PA 15068	Transaction ID : SA11AI.6277 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	10.00		
Name of Employer Maxim Healthcare Services Inc Receipt For: □ Primary □ General Other (specify) ▼	Occupation Director - National Accounts Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Nathan Speer Mailing Address 524 Toledo Dr	Date of Receipt			
City Lowe Burrell	State Zip Code PA 15068	06 26 2015 Transaction ID : SA11Al.6276 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ÿ			
Name of Employer Maxim Healthcare Services Inc	Occupation Director - National Accounts			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00			
Full Name (Last, First, Middle Initial) Nancy Walker		Date of Receipt		
Mailing Address 1276 High Mesa Drive		02 13 2015		
City Alto	State Zip Code NM 88312	Transaction ID : SA11AI.6308 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	30.00		
Name of Employer Maxim Healthcare Services Inc	Occupation Regional VP of Clinical Ops			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00			
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	d Statements may not be sold or used by any pers the name and address of any political committee to				
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial) A. Nancy Walker Mailing Address 1276 High Mesa Drive					
		02 20 2015			
City	State Zip Code	Transaction ID: SA11AI.6309			
Alto	NM 88312	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	30.00			
Name of Employer	Occupation	1			
Maxim Healthcare Services Inc	Regional VP of Clinical Ops				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	240.00				
Full Name (Last, First, Middle Initial) Nancy Walker	ancy Walker				
Mailing Address 1276 High Mesa Drive		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y			
City	State Zip Code	02 27 2015 Transaction ID : SA11AI.6310			
Alto	NM 88312	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	30.00			
Name of Employer	Occupation	1			
Maxim Healthcare Services Inc	Regional VP of Clinical Ops				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00				
Full Name (Last, First, Middle Initial) C. Nancy Walker		Date of Receipt			
Mailing Address 1276 High Mesa Drive		03 06 2015			
City	State Zip Code	Transaction ID : SA11AI.6311			
Alto	NM 88312	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	30.00			
Name of Employer	Occupation	1			
Maxim Healthcare Services Inc	Regional VP of Clinical Ops				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	300.00				
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to				
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial) Nancy Walker Mailing Address, 1276 High Mess Drive	Nancy Walker				
Mailing Address 1276 High Mesa Drive		03 13 2015			
City Alto	State Zip Code NM 88312	Transaction ID : SA11AI.6312			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00			
Name of Employer Maxim Healthcare Services Inc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 330.00				
Full Name (Last, First, Middle Initial) 3. Nancy Walker Mailing Address 1276 High Mesa Drive	Date of Receipt				
City Alto	03 20 2015 Transaction ID : SA11Al.6313 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00			
Name of Employer Maxim Healthcare Services Inc	Occupation Regional VP of Clinical Ops				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00				
Full Name (Last, First, Middle Initial) C. Nancy Walker		Date of Receipt			
Mailing Address 1276 High Mesa Drive		03 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Alto	State Zip Code NM 88312	Transaction ID : SA11AI.6314 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	30.00			
Name of Employer	Occupation				
Maxim Healthcare Services Inc Receipt For:	Regional VP of Clinical Ops				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00				
SUBTOTAL of Receipts This Page (optional)		90.00			
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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial) Nancy Walker					
Mailing Address 1276 High Mesa Drive		04 03 2015			
City Alto	State Zip Code NM 88312	Transaction ID : SA11AI.6315 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	30.00			
Name of Employer Maxim Healthcare Services Inc Receipt For: □ Primary □ General Other (specify) ▼	Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 420.00	- -			
Full Name (Last, First, Middle Initial) Nancy Walker Mailing Address 1276 High Mesa Drive	Date of Receipt				
City Alto	State Zip Code NM 88312	Transaction ID : SA11AI.6316 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	30.00				
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				
Full Name (Last, First, Middle Initial) Nancy Walker		Date of Receipt			
Mailing Address 1276 High Mesa Drive		04 17 2015			
City Alto	State Zip Code NM 88312	Transaction ID : SA11AI.6317 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	30.00			
Name of Employer	Occupation	-			
Maxim Healthcare Services Inc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 480.00	-			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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\rangle	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES I	NC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
۹.	Full Name (Last, First, Middle Initial) Nancy Walker		Date of Receipt
	Mailing Address 1276 High Mesa Drive	04 24 _ 2015 _	
	City Alto	State Zip Code NM 88312	Transaction ID : SA11AI.6318
		14141 00312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Maxim Healthcare Services Inc	Regional VP of Clinical Ops	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	510.00	
— В.	Full Name (Last, First, Middle Initial) Nancy Walker		Date of Receipt
-	Mailing Address 1276 High Mesa Drive		05 01 2015
	City Alto	State Zip Code NM 88312	Transaction ID : SA11AI.6319 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Maxim Healthcare Services Inc	Regional VP of Clinical Ops	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	540.00	
-	Full Name (Last, First, Middle Initial) Nancy Walker		Date of Receipt
	Mailing Address 1276 High Mesa Drive		05 08 2015
	City	State Zip Code	Transaction ID : SA11AI.6320
	Alto	NM 88312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	30.00
	Name of Employer	Occupation	
	Maxim Healthcare Services Inc	Regional VP of Clinical Ops	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	570.00	
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	nd Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	ES INC POLITICAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Nancy Walker Mailing Address 1376 High Mass Priva		Date of Receipt
Mailing Address 1276 High Mesa Drive		05 15 2015
City	State Zip Code NM 88312	Transaction ID : SA11Al.6321
Alto	NM 88312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Nancy Walker	•	Date of Receipt
Mailing Address 1276 High Mesa Drive		05 22 _ 2015 _
City	State Zip Code	05 22 2015 Transaction ID : SA11Al.6322
Alto	NM 88312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) Nancy Walker		Date of Receipt
Mailing Address 1276 High Mesa Drive		05 29 2015
City	State Zip Code	Transaction ID : SA11AI.6323
Alto	NM 88312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	660.00	
SUBTOTAL of Receipts This Page (optional)	90.00
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7 Α 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) Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 05 2015 City State Zip Code Transaction ID: SA11AI.6324 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 06 12 2015 City State Zip Code Transaction ID: SA11AI.6325 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 06 19 2015 City State Zip Code Transaction ID: SA11AI.6327 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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117 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 2015 26 City Zip Code State Transaction ID: SA11AI.6326 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia L Weiss Date of Receipt Mailing Address 139 Suburban Road 05 22 2015 City State Zip Code Transaction ID: SA11AI.6347 TN Knoxville 37923 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area VP of Clinical Ops. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia L Weiss Date of Receipt Mailing Address 139 Suburban Road 05 29 2015 City Zip Code State Transaction ID: SA11AI.6348 TN Knoxville 37923 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Area VP of Clinical Ops. Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional).....

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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) Patricia L Weiss		Date of Receipt
Mailing Address 139 Suburban Road		06 05 2015
City	State Zip Code	Transaction ID : SA11AI.6349
Knoxville	TN 37923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area VP of Clinical Ops.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. 1991-09ato Toal to Date ▼	
Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) Patricia L Weiss		Date of Receipt
Mailing Address 139 Suburban Road		06 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6350
Knoxville	TN 37923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area VP of Clinical Ops.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) C. Patricia L Weiss		Date of Receipt
Mailing Address 139 Suburban Road		06 19 2015
City	State Zip Code	Transaction ID : SA11AI.6352
Knoxville	TN 37923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area VP of Clinical Ops.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. 1991 og allo 10 allo 4	
Other (specify) ▼	250.00	
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117 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Matthew J Wilkinson Date of Receipt Mailing Address 813 Foxfire Dr 2015 City Zip Code State Transaction ID: SA11AI.6374 Louisville KY 40223 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew J Wilkinson Date of Receipt Mailing Address 813 Foxfire Dr 06 05 2015 City State Zip Code Transaction ID: SA11AI.6375 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew J Wilkinson Date of Receipt Mailing Address 813 Foxfire Dr 06 12 2015 City Zip Code State Transaction ID: SA11AI.6376 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) A. Brian Womack Mailing Address 7807 Empire Ct City Toledo FEC ID number of contributing	State Zip Code OH 43528	Date of Receipt 05 29 2015 Transaction ID : SA11Al.6399 Amount of Each Receipt this Period
federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	Occupation Administrative Officer Aggregate Year-to-Date 220.00	10.00
Full Name (Last, First, Middle Initial) Brian Womack Mailing Address 7807 Empire Ct City	State Zip Code	Date of Receipt 06 05 2015 Transaction ID: SA11Al.6400
Toledo FEC ID number of contributing federal political committee.	OH 43528	Amount of Each Receipt this Period
Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Administrative Officer Aggregate Year-to-Date ▼ 230.00	-
Full Name (Last, First, Middle Initial) Brian Womack Mailing Address 7807 Empire Ct		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Toledo FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code OH 43528 C Occupation Administrative Officer Aggregate Year-to-Date ▼ 240.00	Transaction ID : SA11AI.6401 Amount of Each Receipt this Period 10.00
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TOTAL This Period (last page this line numb	per only)	

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Brian Womack Date of Receipt Mailing Address 7807 Empire Ct 2015 City Zip Code State Transaction ID: SA11AI.6403 OH Toledo 43528 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Womack Date of Receipt Mailing Address 7807 Empire Ct 06 26 2015 City State Zip Code Transaction ID: SA11AI.6402 OH Toledo 43528 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Shawn Wright Date of Receipt Mailing Address 46625 Peach Tree St 05 22 2015 City State Zip Code Transaction ID: SA11AI.6423 CA Temecula 92592 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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117 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Shawn Wright Date of Receipt Mailing Address 46625 Peach Tree St 2015 City State Zip Code Transaction ID: SA11AI.6424 CA Temecula 92592 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Shawn Wright Date of Receipt Mailing Address 46625 Peach Tree St 06 05 2015 City State Zip Code Transaction ID: SA11AI.6425 CA Temecula 92592 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Shawn Wright Date of Receipt Mailing Address 46625 Peach Tree St 06 12 2015 City State Zip Code Transaction ID: SA11AI.6426 CA Temecula 92592 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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A 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)		
Shawn Wright		Date of Receipt
Mailing Address 46625 Peach Tree St		06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6428
Temecula	CA 92592	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Administrative Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Shawn Wright		Date of Receipt
Mailing Address 46625 Peach Tree St		06 26 2015
City	State Zip Code	Transaction ID : SA11AI.6427
Temecula	CA 92592	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Administrative Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option	al)	20.00
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 112 OF 117
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:
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NAME OF COMMITTEE (In Full)	7.		
MAXIM HEALTHCARE SERVICES INC	POLITICAL ACTION (COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)			
A. VAN HOLLEN FOR SENATE			Date of Disbursement
Mailing Address 10605 CONCORD ST SUITE 202			05 07 2015
,	tate Zip Code MD 20895		Transaction ID : SB23.6461
KENSINGTON Purpose of Disbursement	MD 20895		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
CHRIS VAN HOLLEN		Type	1000.00
X Senate	nent For: 2016 Primary General Other (specify)		
State: MD District: 00	•e. (epeey) ▼		
Full Name (Last, First, Middle Initial)			
В.			Date of Disbursement
Mailing Address			
City	tate Zip Code		
Purpose of Disbursement		· · · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
	nent For: Primary General Other (specify) ▼	.,,,,	
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	tate Zip Code		
Purpose of Disbursement	1		
Fulpose of Disbursement		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	Amount of Each Dispursement this Feriod
President	nent For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		·····	1000.00
TOTAL This Period (last page this line number only).			1000.00

SCHEDULE B (FEC Form 3X)	Llee congrete cohodule/	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	21b	22 23 24 25 26 28c X 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	, ,		
Full Name (Last, First, Middle Initial)			Date of Dishursers
A. Committee to Elect Fred Strahorn Mailing Address 2931 E Dublin-Granville Rd, #190			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit.	N-1-		
Columbus	State Zip Code OH 43231		Transaction ID: SB29.6439
Purpose of Disbursement Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
President	nent For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) B. Committee to Elect Rob VerHeuler	_ 		Date of Disbursement
Mailing Address 4167 Imperial			04 21 2015
Walker	State Zip Code MI 49534		Transaction ID : SB29.6451
Purpose of Disbursement Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
	nent For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. Dave Burke for State Senate			Date of Disbursement
Mailing Address 275 W 4th St			03 10 2015
,	State Zip Code OH 43040		Transaction ID : SB29.6441
Purpose of Disbursement Non-federal Political Contribution	.5510	<u> </u>	Amount of Each Dichurses this D
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 5000.00
	nent For:	1 .760	
Office Sought: House Senate President State: District:	Primary General Other (specify) ▼		
Senate President	Primary General Other (specify) ▼		7000.00

17

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER:	PAGE 114 OF 117
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon orin)	· — · — —	
	Detailed Summary Page	21b 27	22 23 28b	$ \begin{array}{c cccc} 24 & 25 & 26 \\ 28c & 29 & 30b \end{array} $
Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES I	•			
Full Name (Last, First, Middle Initial)			Date of Disburseme	ant
A. Friends of Dan Benson			M M / D D	/ 7 7 7 7 7
Mailing Address P.O. Box 8003			03 13	2015
City	State Zip Code		Transaction ID : S	SB29.6445
Hamilton Purpose of Disbursement	NJ 08650			
Non-federal Political Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		500.00
Office Sought: House Disbu	ursement For:	Туре	7	7
Senate President	Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Friends of Lou Gentile			Date of Disburseme	ent
Mailing Address Tool			M M / D D	/
Mailing Address 500 Luray Dr			03 10	2015
City Wintersville	State Zip Code OH 43953		Transaction ID : S	SB29.6443
Purpose of Disbursement Non-federal Political Contribution	43333		Amount of Each Di	sbursement this Period
Candidate Name		السبيا ا	Amount of Each Dis	Spursement this Period
		Category/ Type		1000.00
	ursement For:	1		
Senate President	Primary General Other (specify) ▼			
State: District:	Carlor (opcomy)			
Full Name (Last, First, Middle Initial)			Date of Disburseme	ont
C. Friends of Ryan Smtih			M M / D D	/ Y Y Y Y
Mailing Address 1661 Kemper Hollow Rd			05 28	2015
City	State Zip Code		Transaction ID : S	SB29.6457
Gallipolis Purpose of Disbursement	OH 45631	l		
Non-federal Political Contribution			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		2500.00
Office Sought: House Disbut Senate President State: District:	rrsement For: Primary General Other (specify) ▼			,
2.3.0.				
SUBTOTAL of Disbursements This Page (option	al)	·····•		4000.00
TOTAL This Period (last page this line number	only)			

SCHEDULE B (FEC Form 3X)	Llan congrate ashedula(-)	FOR LINE N	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	POLITICAL ACTION CO	OMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Home PAC Mailing Address 600 N. 12th St, Suite 200			03 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	state Zip Code		
Lemoyne	PA 17043		Transaction ID : SB29.6447
Purpose of Disbursement Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
	nent For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) B. Marleau for Michigan			Date of Disbursement
Mailing Address 1214 Chester Rd			05 07 2015
Lansing	itate Zip Code MI 48912		Transaction ID : SB29.6453
Purpose of Disbursement Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
	nent For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. Maxim NJ PAC			Date of Disbursement
Mailing Address 228 S Washington St Suite 115			06 24 2015
,	State Zip Code VA 22314		Transaction ID : SB29.6459
Purpose of Disbursement Non-federal Political Contribution Candidate Name Category/			Amount of Each Disbursement this Period
		Type	500.00
President	nent For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			2000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	•		
Full Name (Last, First, Middle Initial)			Data of Diahumaman
A. Moving Michigan Forward 2			Date of Disbursement
Mailing Address 106 W Allegan St, Ste 200			05 07 2015
,	State Zip Code		Transaction ID : SB29.6455
Lansing Purpose of Disbursement	MI 48933		
Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
	nent For: Primary General Other (specify)	1,100	
State: District:			
B. NEW JOBS PAC Mailing Address P.O. Box 1600			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			02 27 2010
City S Trenton	State Zip Code NJ 08607		Transaction ID: SB29.6435
Purpose of Disbursement Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Senate	nent For: 2015 Primary General Other (specify) Other		
Full Name (Last, First, Middle Initial) C. Ohio House Republican Organization			Date of Disbursement
Mailing Address 4679 Winterset Dr			03 27 2015
Columbus	State Zip Code OH 43220		Transaction ID : SB29.6449
Purpose of Disbursement Non-federal Political Contribution			Amount of Each Dishumanness this Decivity
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 1000.00
	nent For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			7000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	llee concrete selectivity	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC			
Full Name (Last, First, Middle Initial)			Data of Dishuranesa
A. Sprague for State Representative			Date of Disbursement
Mailing Address 220 West Sandusky St			03 10 2015
,	State Zip Code		Transaction ID : SB29.6437
Findlay Purpose of Disbursement	OH 45840		
Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	туре	
State: District:			
Full Name (Last, First, Middle Initial) 3.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			
>.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	nent For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			500.00