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Image# 201604159012442584

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIW 3X	For Other Than An A	Authorized Committe	ee		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	g, type	12FE4M5		
MAXIM HEALTHCARE	SERVICES INC PO	LITICAL ACTION C	OMMITTE	EE (MAXIM	1 HEALTHCA	RE PAC)
ADDRESS (number and street) Check if different than previously reported. (ACC)	Suite 115 Alexandria			VA	22314	
2. FEC IDENTIFICATION N	IUMBER ▼	CITY ▲	S	STATE A	ZIP COI	DE A
C C00558932	3	. IS THIS X N	EW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report (TER)	(Q1) (C) 12-Day PRE-Election Report for the (Q3) (YE) (d) 30-Day POST-Election Report for the	Mar 20 (M3) Apr 20 (M4) Primary (12P) Convention (12P) ection on General (30G)	2C)	Sep	in the State o	Special (30S)
5. Covering Period	01 01 20	16 through	03	/ D D /	2016	
I certify that I have examined	this Report and to the bes	t of my knowledge and b	elief it is true	e, correct and	complete.	
Type or Print Name of Treasur	rer David Satterfield					
Signature of Treasurer Dar	vid Satterfield	[Electronically	<i>Filed]</i> Da	ate 04	15 /	2016
NOTE: Submission of false, erro	neous, or incomplete inform	ation may subject the pers	on signing thi	s Report to th	e penalties of 2 L	J.S.C. §437g.
Office Use Only					FEC FOR Rev. 12/20	

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)

		COLUMN A This Period					
6.	(a) Cash on Hand January 1, 2016		23610.00				
	(b) Cash on Hand at Beginning of Reporting Period	23610.00					
	(c) Total Receipts (from Line 19)	17764.52	17764.52				
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41374.52	41374.52				
7.	Total Disbursements (from Line 31)	1486.00	1486.00				
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39888.52	39888.52				
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					

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)

I. Receipts	I. Receipts COLUMN A Total This Period						
. Contributions (other than loans) From:							
(a) Individuals/Persons Other							
Than Political Committees	7867.04	7007.04					
(i) Itemized (use Schedule A)	7607.04	7867.04					
(ii) Unitemized(iii) TOTAL (add	9897.48	9897.48					
Lines 11(a)(i) and (ii)	17764.52	17764.52					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees (such as PACs)	0.00	0.00					
(d) Total Contributions (add Lines							
11(a)(iii), (b), and (c)) (Carry	17701 50	47764.50					
Totals to Line 33, page 5)	17764.52	17764.52					
2. Transfers From Affiliated/Other		0.00					
Party Committees	0.00	0.00					
3. All Loans Received	0.00	0.00					
Loan Repayments Received	0.00	0.00					
5. Offsets To Operating Expenditures	7						
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	0.00	0.00					
6. Refunds of Contributions Made							
to Federal Candidates and Other							
Political Committees	0.00	0.00					
7. Other Federal Receipts							
(Dividends, Interest, etc.)	0.00	0.00					
3. Transfers from Non-Federal and Levin Funds	7						
(a) Non-Federal Account							
(from Schedule H3)	0.00	0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00					
(b) Loviii i dildo (ilolii ochedule 110)							
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
(c) Total Transfers (add 18(a) and 18(b)) 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶							
Total Federal Receipts							

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period					
	ating Expenditures: Allocated Federal/Non-Federal	Total Tills I crisa	Calendar Year-to-Date				
	Anocated Federal/Non-Federal Activity (from Schedule H4)						
	(i) Federal Share	0.00	0.00				
	(ii) Non-Federal Share	0.00	0.00				
	Other Federal Operating	0.00	3.00				
	Expenditures	136.00	136.00				
	Total Operating Expenditures						
	(add 21(a)(i), (a)(ii), and (b))▶	136.00	136.00				
	sfers to Affiliated/Other Party mittees	0.00	0.00				
23. Cont	ributions to						
and	eral Candidates/Committees Other Political Committees	0.00	0.00				
4. Inde	pendent Expenditures	0.00	0.00				
	Schedule E)dinated Party Expenditures	0.00	0.00				
(2 U	S.C. §441a(d)) Schedule F)	0.00	0.00				
(use	Conedule 1)		5.00				
.6. Loan	Repayments Made	0.00	0.00				
		0.00	0.00				
27. Loan 28. Refu	nds of Contributions To:	0.00	0.00				
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00				
	Thair i dittical committees						
(b)	Political Party Committees	0.00	0.00				
(-)	Other Political Committees	0.00	0.00				
	(such as PACs)	0.00	0.00				
(d)	Total Contribution Refunds						
` '	(add Lines 28(a), (b), and (c))▶	0.00	0.00				
9. Othe	r Disbursements	1350.00	1350.00				
n Fede	eral Election Activity (2 U.S.C. §431(20))						
	Allocated Federal Election Activity						
	(from Schedule H6)						
	(i) Federal Share	0.00	0.00				
	(ii) III ovinii Chara	0.00	0.00				
	(ii) "Levin" Share Federal Election Activity Paid Entirely						
(6)	With Federal Funds	0.00	0.00				
(c)	Total Federal Election Activity (add						
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
1 Total	Dishuranmenta (add Lines 21/a) 22						
	Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	1496.00	1486.00				
20, 2	,,,,	1486.00	1400.00				
2. Total	Federal Disbursements						
	tract Line 21(a)(ii) and Line 30(a)(ii)						
from	Line 31)	1486.00	1486.00				

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)	17764.52	17764.52
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17764.52	17764.52
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	136.00	136.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	136.00	136.00

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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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) Kevin D Apperson Date of Receipt Mailing Address 2235 Eutaw Place 2016 City Zip Code State Transaction ID: SA11AI.8886 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Information Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin D Apperson Date of Receipt Mailing Address 2235 Eutaw Place 02 26 2016 City State Zip Code Transaction ID: SA11AI.8986 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Chief Information Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240,00 Full Name (Last, First, Middle Initial) c. Kevin D Apperson Date of Receipt Mailing Address 2235 Eutaw Place 03 04 2016 City Zip Code State Transaction ID: SA11AI.9085 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Information Officer 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).....

SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 7 OF 32

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than usin	and Statements mang the name and a	y not be sold or used by any p	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVIC	ES INC POLIT	ICAL ACTION COMMITT	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Kevin D Apperson Mailing Address 2235 Eutaw Place City Baltimore FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary Other (specify)		Zip Code 21217 mation Officer Year-to-Date ▼ 300.00	Date of Receipt 03 11 2016 Transaction ID: SA11AI.9183 Amount of Each Receipt this Period 30.00 Memo Item
Full Name (Last, First, Middle Initial) B. Kevin D Apperson Mailing Address 2235 Eutaw Place			Date of Receipt 03 18 2016
City Baltimore	State MD	Zip Code 21217	Transaction ID : SA11AI.9280 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	Occupation Chief Inform Aggregate	ation Officer Year-to-Date ▼ 330.00	Memo Item
Full Name (Last, First, Middle Initial) Kevin D Apperson Mailing Address 2235 Eutaw Place			Date of Receipt
City	State	Zip Code	03 25 2016 Transaction ID : SA11Al.9378
Baltimore	MD	21217	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 Inform	nation Officer	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (option	al))	90.00
TOTAL This Period (last page this line nu	mber only)		

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

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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) Steven L Burke Date of Receipt Mailing Address 701 W Hampton Ave 05 2016 City State Zip Code Transaction ID: SA11AI.8692 Loves Park IL 61111 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item 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. William Butz Date of Receipt Mailing Address 1404 Magers Landing Rd 01 80 2016 City State Zip Code Transaction ID: SA11AI.8261 MD Monkton 21111 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 Full Name (Last, First, Middle Initial) c. Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 02 19 2016 City Zip Code State Transaction ID: SA11AI.8898 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Financial Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 5280.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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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) Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 2016 26 City Zip Code State Transaction ID: SA11AI.8997 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Financial Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 03 04 2016 City State Zip Code Transaction ID: SA11AI.9095 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 270,00 Full Name (Last, First, Middle Initial) c. Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 03 11 2016 City State Zip Code Transaction ID: SA11AI.9193 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Financial Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

federal political committee.

Maxim Healthcare Services Inc

General

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

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

Name of Employer

Receipt For:

C.

Primary

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR	R LINE	NU	IMBER	:	PAGE	•	10 OF	=	32
Use separate schedule(s)	(che	eck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Memo Item

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 2016 03 City State Zip Code Transaction ID: SA11AI.9290 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 03 25 2016 City State Zip Code Transaction ID: SA11AI.9388 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing

Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) Jarrod DePriest		Date of Receipt
Mailing Address 2251 Wild Plains Circle		02 19 2016
City	State Zip Code	Transaction ID : SA11AI.8906
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	- Memo Item
Maxim Healthcare Services Inc	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	

Occupation

Chief Financial Officer

Aggregate Year-to-Date ▼

90.00

30.00

	F	OR	LINE	NU	MBER	:	PAGE	11	OF	32
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Detailed Summary Page		×	11a		11b		11c	12		
,			13		14		15	16	.	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 2016 26 City State Zip Code Transaction ID: SA11AI.9005 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item 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) B. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 03 04 2016 City State Zip Code Transaction ID: SA11AI.9103 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 270,00 Full Name (Last, First, Middle Initial) c. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 03 11 2016 City State Zip Code Transaction ID: SA11AI.9201 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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

	FOF	R LINE	NU	IMBER	:	PAGE	•	12 O	F	32
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		٦1

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 2016 18 City State Zip Code Transaction ID: SA11AI.9298 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 03 25 2016 City State Zip Code Transaction ID: SA11AI.9396 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 360,00 Full Name (Last, First, Middle Initial) c. Andrew Friedell Date of Receipt Mailing Address 7227 Lee Deforest Drive 02 19 2016 City Zip Code State Transaction ID: SA11AI.8915 MD Columbia 21046 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Govt Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 13 OF 32

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTE	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Andrew Friedell Mailing Address 7227 Lee Deforest Drive City Columbia 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 21046 C Occupation Vice President - Govt Affairs Aggregate Year-to-Date ▼	Date of Receipt 02
Full Name (Last, First, Middle Initial) Andrew Friedell Mailing Address 7227 Lee Deforest Drive City Columbia 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 21046 C Occupation Vice President - Govt Affairs Aggregate Year-to-Date ▼ 270.00	Date of Receipt 03
Full Name (Last, First, Middle Initial) Andrew Friedell Mailing Address 7227 Lee Deforest Drive City Columbia 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 21046 C Occupation Vice President - Govt Affairs Aggregate Year-to-Date ▼ 300.00	Date of Receipt 03 11 2016 Transaction ID: SA11AI.9210 Amount of Each Receipt this Period 30.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 14 OF 32 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 Friedell Date of Receipt Mailing Address 7227 Lee Deforest Drive 2016 City Zip Code State Transaction ID: SA11AI.9307 MD Columbia 21046 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Govt Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew Friedell Date of Receipt Mailing Address 7227 Lee Deforest Drive 03 25 2016 City State Zip Code Transaction ID: SA11AI.9405 MD Columbia 21046 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Govt Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 360,00 Full Name (Last, First, Middle Initial) c. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 03 18 2016 City Zip Code State Transaction ID: SA11AI.9311 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 32 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) Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 2016 25 City Zip Code State Transaction ID: SA11AI.9409 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 02 19 2016 City State Zip Code Transaction ID: SA11AI.8921 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210,00 Full Name (Last, First, Middle Initial) c. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 02 26 2016 City Zip Code State Transaction ID: SA11AI.9020 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	1	16 OF	= ;	32
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,,g.		13		14		15		16		17

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

Date of Receipt

Α.	Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg		Date of Receipt			
	Mailing Address 6484 Mountain Sky Road		03 04 _ 2016 _			
	City	State Zip Code	Transaction ID : SA11AI.9118			
	Frisco	TX 75034	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С	30.00			
	Name of Employer	Occupation	Memo Item			
	Maxim Healthcare Services Inc	Vice President				
	Receipt For:					
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00				
— В.	Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg		Date of Receipt			
	Mailing Address 6484 Mountain Sky Road	03 11 _2016 _				
	City	State Zip Code	Transaction ID : SA11AI.9216			
	Frisco	TX 75034	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С	30.00			
	Name of Employer	Occupation	Memo Item			
	Maxim Healthcare Services Inc	Vice President				
	Receipt For:					
	Primary General	Aggregate Year-to-Date ▼				
	Other (specify) ▼	300.00				
С .	Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg		Date of Receipt			
	Mailing Address 6484 Mountain Sky Road		03 18 2016			
	City	State Zip Code	Transaction ID : SA11AI.9313			
	Frisco	TX 75034	Amount of Each Receipt this Period			
	FEC ID number of contributing	C				
	federal political committee.	C	30.00			
			Memo Item			
	Name of Employer	Occupation				
	Maxim Healthcare Services Inc	Vice President				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General	220.00				
	Other (specify) ▼	330.00				
s	SUBTOTAL of Receipts This Page (optional)	>	90.00			
Т	TOTAL This Period (last page this line number	only)				

FOR LINE NUMBER: PAGE 17 OF 32 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 Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 2016 25 City Zip Code State Transaction ID: SA11AI.9411 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation 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. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 02 19 2016 City State Zip Code Transaction ID: SA11AI.8925 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210,00 Full Name (Last, First, Middle Initial) c. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 02 26 2016 City Zip Code State Transaction ID: SA11AI.9024 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 18 OF 32 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) Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 04 2016 City Zip Code State Transaction ID: SA11AI.9122 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 03 2016 11 City State Zip Code Transaction ID: SA11AI.9220 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300,00 Full Name (Last, First, Middle Initial) c. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 03 18 2016 City Zip Code State Transaction ID: SA11AI.9317 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item 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) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF 32 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) Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 2016 25 City Zip Code State Transaction ID: SA11AI.9415 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bart A Kelly Date of Receipt Mailing Address 13715 Summer Hill Dr. 03 18 2016 City State Zip Code Transaction ID: SA11AI.9319 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President-Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220,00 Full Name (Last, First, Middle Initial) c. Bart A Kelly Date of Receipt Mailing Address 13715 Summer Hill Dr. 03 25 2016 City Zip Code State Transaction ID: SA11AI.9417 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President-Human Resources Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF 32 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) Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 2016 26 City Zip Code State Transaction ID: SA11AI.9028 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer Occupation Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 224.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 03 04 2016 City State Zip Code Transaction ID: SA11AI.9126 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Chief Culture Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 252.00 Full Name (Last, First, Middle Initial) c. Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 03 11 2016 City Zip Code State Transaction ID: SA11AI.9224 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing С 28.00 federal political committee. Memo Item Name of Employer Occupation Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 84.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	2	21	OF	32
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,		13		14		15		16		17

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NAME OF COMMITTEE (In Full)

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

/							
Full Name (Last, First, Middle Initial) 1. Timothy L. Kuhn		Date of Receipt					
Mailing Address 508 Wilton Road	03 18 2016						
City	State Zip Code MD 21286	Transaction ID : SA11AI.9321					
Towson	IVID 21200	_ Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	28.00					
Name of Employer	Occupation	Memo Item					
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) 3. Timothy L. Kuhn		Date of Receipt					
Mailing Address 508 Wilton Road	03 25 2016						
City	State Zip Code	Transaction ID : SA11AI.9419					
Towson	MD 21286	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	28.00					
Name of Employer	Occupation	Memo Item					
Maxim Healthcare Services Inc	Chief Culture Officer						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00						
Full Name (Last, First, Middle Initial) C. William J Langley		Date of Receipt					
Mailing Address 302 Bennett Street		03 04 2016					
City	State Zip Code	Transaction ID : SA11AI.9127					
Mount Pleasant	SC 29464	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer	Occupation	Memo Item					
Maxim Healthcare Services Inc							
Receipt For: Primary General	Aggregate Year-to-Date ▼	1					
Other (specify) ▼	225.00						
SUBTOTAL of Receipts This Page (optional)		81.00					
TOTAL This Period (last nage this line numb	er only)						

FOR LINE NUMBER: PAGE 22 OF 32 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) William J Langley Date of Receipt Mailing Address 302 Bennett Street 2016 City Zip Code State Transaction ID: SA11AI.9225 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation 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. William J Langley Date of Receipt Mailing Address 302 Bennett Street 03 18 2016 City State Zip Code Transaction ID: SA11AI.9322 Mount Pleasant SC 29464 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 275.00 Full Name (Last, First, Middle Initial) c. William J Langley Date of Receipt Mailing Address 302 Bennett Street 03 25 2016 City Zip Code State Transaction ID: SA11AI.9420 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 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 K Lanier Date of Receipt Mailing Address 650 Heartwood Dr. 2016 City State Zip Code Transaction ID: SA11AI.8931 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura K Lanier Date of Receipt Mailing Address 650 Heartwood Dr. 02 26 2016 City State Zip Code Transaction ID: SA11AI.9030 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation 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) c. Laura K Lanier Date of Receipt Mailing Address 650 Heartwood Dr. 03 04 2016 City State Zip Code Transaction ID: SA11AI.9128 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops 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).....

FOR LINE NUMBER: PAGE 24 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 25 OF 32 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 2016 City Zip Code State Transaction ID: SA11AI.8941 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item 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) Full Name (Last, First, Middle Initial) B. Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 02 26 2016 City State Zip Code Transaction ID: SA11AI.9040 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.72 Full Name (Last, First, Middle Initial) c. Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 03 04 2016 City Zip Code State Transaction ID: SA11AI.9138 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing С 28.84 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 259.56 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
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 per name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTE	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Deeley C Middleton Mailing Address 213 St Dunstans Road City Baltimore 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 21212 C Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 288.40	Date of Receipt 03 11 2016 Transaction ID : SA11AI.9236 Amount of Each Receipt this Period 28.84 Memo Item
Full Name (Last, First, Middle Initial) Deeley C Middleton Mailing Address 213 St Dunstans Road City Baltimore 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 21212 C Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 317.24	Date of Receipt 03 18 2016 Transaction ID : SA11AI.9333 Amount of Each Receipt this Period 28.84 Memo Item
Full Name (Last, First, Middle Initial) Deeley C Middleton Mailing Address 213 St Dunstans Road City Baltimore 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 21212 C Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 346.08	Date of Receipt 03 25 2016 Transaction ID: SA11AI.9431 Amount of Each Receipt this Period 28.84 Memo Item
SUBTOTAL of Receipts This Page (optional)		86.52
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) Marsha C Plaine Date of Receipt Mailing Address 3503 Nelson Meadow Ln 2016 City Zip Code State Transaction ID: SA11AI.8547 NC Greensboro 27406 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Area VP of Clinical Ops. Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marsha C Plaine Date of Receipt Mailing Address 3503 Nelson Meadow Ln 01 29 2016 City State Zip Code Transaction ID: SA11AI.8647 Greensboro NC 27406 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area VP of Clinical Ops. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 530,00 Full Name (Last, First, Middle Initial) c. Michael Raney Date of Receipt Mailing Address 300 Vale Drive 03 11 2016 City Zip Code State Transaction ID: SA11AI.9250 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing С 28.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 224.00 Other (specify) 528.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 28 OF 32 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Michael Raney Date of Receipt Mailing Address 300 Vale Drive 2016 City Zip Code State Transaction ID: SA11AI.9348 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 252.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Raney Date of Receipt Mailing Address 300 Vale Drive 03 25 2016 City State Zip Code Transaction ID: SA11AI.9445 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 280,00 Full Name (Last, First, Middle Initial) c. Laura J Riddle Date of Receipt Mailing Address 39 Blake Rd. 03 04 2016 City Zip Code State Transaction ID: SA11AI.9156 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 81.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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zotanou cummun, r ugo		13		14		15		16		17

	g the name and address of any political committee t			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVIC	ES INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)		
Full Name (Last, First, Middle Initial) Laura J Riddle	Laura J Riddle			
Mailing Address 39 Blake Rd.	03 11 2016			
City	State Zip Code	Transaction ID : SA11AI.9253		
Epping	NH 03042	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer	Occupation	Memo Item		
Maxim Healthcare Services Inc	Area Vice President			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General	riggregate roar to Date v			
Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) Laura J Riddle		Date of Receipt		
Mailing Address 39 Blake Rd.	Mailing Address 39 Blake Rd.			
City	State Zip Code	Transaction ID : SA11AI.9351		
Epping	NH 03042	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer	Occupation	Memo Item		
Maxim Healthcare Services Inc	Area Vice President			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00			
Full Name (Last, First, Middle Initial) C. Laura J Riddle		Date of Receipt		
Mailing Address 39 Blake Rd.	03 25 _2016 _			
City	State Zip Code	Transaction ID : SA11AI.9448		
Epping	NH 03042	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer	- Memo Item			
Maxim Healthcare Services Inc				
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General	Aggregate real-to-Date ¥			
Other (specify) ▼	300.00			
SUBTOTAL of Receipts This Page (options	al)	75.00		
TOTAL This Period (last page this line nur	nber only)			

FOR LINE NUMBER: PAGE 30 OF 32 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) Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 2016 City Zip Code State Transaction ID: SA11AI.8976 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 02 26 2016 City State Zip Code Transaction ID: SA11AI.9075 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation 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) c. Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 03 04 2016 City State Zip Code Transaction ID: SA11AI.9173 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops 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).....

FOR LINE NUMBER: PAGE 31 OF 32 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) Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 2016 City Zip Code State Transaction ID: SA11AI.9270 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 03 18 2016 City State Zip Code Transaction ID: SA11AI.9368 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 330,00 Full Name (Last, First, Middle Initial) c. Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 03 25 2016 City Zip Code State Transaction ID: SA11AI.9465 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... 7867.04 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 32 OF 32			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 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) A. Home PAC	Date of Disbursement					
Mailing Address 600 N. 12th St, Suite 200	03 10 2016					
Lemoyne	State Zip Code PA 17043		Transaction ID: SB29.8268			
Purpose of Disbursement Non-federal Political Contribution			Amount of Each Disbursement this Period			
Candidate Name	ndidate Name Category/					
Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify)		Memo Item			
State: District:						
Full Name (Last, First, Middle Initial) B. Maxim NJ PAC			Date of Disbursement			
Mailing Address 228 S Washington St Suite 115		03 29 2016				
Alexandria	State Zip Code VA 22314		Transaction ID : SB29.8269			
Purpose of Disbursement Non-federal Political Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	250.00			
	nent For: Primary General Other (specify)	,,	Memo Item			
State: District:						
Full Name (Last, First, Middle Initial) C. Nebraska Home Care Association	Date of Disbursement					
Mailing Address 1633 Normandy Ct Suite A		02 01 2016				
Lincoln	State Zip Code NE 68512		Transaction ID : SB29.8266			
Purpose of Disbursement Non-federal Political Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	500.00			
President	nent For: Primary General Other (specify)		Memo Item			
State: District:						
SUBTOTAL of Disbursements This Page (optional)			1250.00			
TOTAL This Parind (last page this line number only)			1250.00			