

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

Office Use Only

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

12FE4M5

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

ADDRESS (number and street) ▼

228 S Washington St

Suite 115

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00558932

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

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

Election on

M M M /

D D D /

Y Y Y Y Y Y /

in the
State of

(d) 30-Day

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

Election on

M M M /

D D D /

Y Y Y Y Y Y /

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y /

through

M M M /

D D D /

Y Y Y Y Y Y /

01

01

2016

03

31

2016

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

Type or Print Name of Treasurer David Satterfield

Signature of Treasurer

David Satterfield

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y /

04

15

2016

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

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

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).....	7867.04	7867.04
(ii) Unitemized	9897.48	9897.48
(iii) TOTAL (add 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 Totals to Line 33, page 5)	17764.52	17764.52
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	17764.52	17764.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17764.52	17764.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	136.00	136.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	136.00	136.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1350.00	1350.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1486.00	1486.00
32. Total Federal Disbursements (subtract 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17764.52	17764.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17764.52	17764.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	136.00	136.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	136.00	136.00

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

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

FOR LINE NUMBER: PAGE 6 OF 32
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : SA11AI.8886

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

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.8986

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.9085

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 7 OF 32

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
Baltimore MD 21217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 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

City State Zip Code
Baltimore MD 21217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.9280

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
Baltimore MD 21217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.9378

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

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

Full Name (Last, First, Middle Initial)

A. Steven L Burke

Mailing Address 701 W Hampton Ave

City

Loves Park

State

IL

Zip Code

61111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 05 / 2016

Transaction ID : SA11AI.8692

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William Butz

Mailing Address 1404 Magers Landing Rd

City

Monkton

State

MD

Zip Code

21111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

01 / 08 / 2016

Transaction ID : SA11AI.8261

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City

Riva

State

MD

Zip Code

21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

02 / 19 / 2016

Transaction ID : SA11AI.8898

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

5280.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 OF 32

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

02 / 26 / 2016

Transaction ID : SA11AI.8997

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

03 / 04 / 2016

Transaction ID : SA11AI.9095

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.9193

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 32

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

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

Full Name (Last, First, Middle Initial)

A. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.9290

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.9388

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : SA11AI.8906

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.9005

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.9103

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.9201

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 32

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.9298

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.9396

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
 Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : SA11AI.8915

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 32

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.9014

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : SA11AI.9112

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.9210

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 32
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.9307

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.9405

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City State Zip Code
Lutherville MD 21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.9311

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

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

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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City
Lutherville

State Zip Code
MD 21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.9409

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City
Frisco

State Zip Code
TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : SA11AI.8921

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City
Frisco

State Zip Code
TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.9020

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

80.00

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

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

FOR LINE NUMBER: PAGE 16 OF 32

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 04 2016

Transaction ID : SA11AI.9118

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 11 2016

Transaction ID : SA11AI.9216

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 18 2016

Transaction ID : SA11AI.9313

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)..... ►

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

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FOR LINE NUMBER:
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PAGE 17 OF 32

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

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

Full Name (Last, First, Middle Initial)

A. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.9411

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
 Manchester MD 21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : SA11AI.8925

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
 Manchester MD 21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.9024

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 18 OF 32

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

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

Full Name (Last, First, Middle Initial)

A. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
 Manchester MD 21102

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 04 2016

Transaction ID : SA11AI.9122

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
 Manchester MD 21102

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 11 2016

Transaction ID : SA11AI.9220

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
 Manchester MD 21102

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 18 2016

Transaction ID : SA11AI.9317

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)..... ►

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

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FOR LINE NUMBER: PAGE 19 OF 32

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
 Manchester MD 21102

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.9415

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City State Zip Code
 Phoenix MD 21131

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.9319

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City State Zip Code
 Phoenix MD 21131

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.9417

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.9028

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : SA11AI.9126

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.9224

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

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

84.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 21 OF 32

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

03 / 18 / 2016

Transaction ID : SA11AI.9321

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

03 / 25 / 2016

Transaction ID : SA11AI.9419

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

03 / 04 / 2016

Transaction ID : SA11AI.9127

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

81.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
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PAGE 22 OF 32

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.9225

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

03 / 18 / 2016

Transaction ID : SA11AI.9322

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 25 / 2016

Transaction ID : SA11AI.9420

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 23 OF 32
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : SA11AI.8931

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.9030

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : SA11AI.9128

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State
NC

Zip Code
28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.9226

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State
NC

Zip Code
28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

03 / 18 / 2016

Transaction ID : SA11AI.9323

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State
NC

Zip Code
28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

03 / 25 / 2016

Transaction ID : SA11AI.9421

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 25 OF 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : SA11AI.8941

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.9040

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.9138

Amount of Each Receipt this Period

28.84

☐ Memo Item

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

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

86.52

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 32

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.9236

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.9333

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.9431

Amount of Each Receipt this Period

28.84

☐ Memo Item

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

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

86.52

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

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

FOR LINE NUMBER: PAGE 27 OF 32

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Marsha C Plaine

Mailing Address 3503 Nelson Meadow Ln

City State Zip Code
 Greensboro NC 27406

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016

Transaction ID : SA11AI.8547

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marsha C Plaine

Mailing Address 3503 Nelson Meadow Ln

City State Zip Code
 Greensboro NC 27406

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.8647

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
 Wilmington NC 28411

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.9250

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

528.00

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

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

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Detailed Summary Page

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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. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
Wilmington NC 28411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.9348

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
Wilmington NC 28411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.9445

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura J Riddle

Mailing Address 39 Blake Rd.

City State Zip Code
Epping NH 03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : SA11AI.9156

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

81.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 32

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura J Riddle

Mailing Address 39 Blake Rd.

City State Zip Code
Epping NH 03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.9253

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura J Riddle

Mailing Address 39 Blake Rd.

City State Zip Code
Epping NH 03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.9351

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura J Riddle

Mailing Address 39 Blake Rd.

City State Zip Code
Epping NH 03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.9448

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 30 OF 32

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

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

Full Name (Last, First, Middle Initial)

A. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2016

Transaction ID : SA11AI.8976

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.9075

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2016

Transaction ID : SA11AI.9173

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 31 OF 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
 Alto NM 88312

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 11 2016

Transaction ID : SA11AI.9270

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
 Alto NM 88312

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 18 2016

Transaction ID : SA11AI.9368

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
 Alto NM 88312

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 25 2016

Transaction ID : SA11AI.9465

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)..... ►

7867.04

