

**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)

7227 Lee Deforest Drive

Check if different
than previously
reported. (ACC)

Columbia

MD

21046

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:
- | | | | |
|--------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input checked="" type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on

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

in the
State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on

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

in the
State of

5. Covering Period 06 / 01 / 2020 through 06 / 30 / 2020

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

Estes, Kirstyn, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Estes, Kirstyn, , ,

[Electronically Filed]

Date

07 / 20 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

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
06 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2020		21498.93
(b) Cash on Hand at Beginning of Reporting Period.....	25595.05	
(c) Total Receipts (from Line 19)	3313.36	21409.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	28908.41	42908.41
7. Total Disbursements (from Line 31).....	- 1000.00	13000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	29908.41	29908.41
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. 05/2016)

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	6		0	1		2	0	2	0

To:

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

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).....	2405.36	8709.14
(ii) Unitemized	908.00	12700.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3313.36	21409.48
(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)	3313.36	21409.48
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))	3313.36	21409.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3313.36	21409.48

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	- 1000.00	- 1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	14000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	- 1000.00	13000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 1000.00	13000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	3313.36	21409.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3313.36	21409.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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 20
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alvarez, Heather, L, ,

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11Al.18942

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Andrews, Haven, , ,

Mailing Address 21 Harrisecket Rd

City

Kennebunk

State

ME

Zip Code

04043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11Al.18943

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Apperson, Kevin, D, ,

Mailing Address 2235 Eutaw Place

City

Baltimore

State

MD

Zip Code

21217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Chief Information Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11Al.18944

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

200.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beams, Michael, I, ,

Mailing Address 3035 Panama Avenue

City
Carmichael

State
CA

Zip Code
95608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18945

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bodmer, Christopher, , ,

Mailing Address 903 Sill Ridge Drive

City
O'Fallon

State
MO

Zip Code
63368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18949

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ceron, Kelly, N, ,

Mailing Address 15735 Arabian Way

City
Montverde

State
FL

Zip Code
34756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18954

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 20

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Crawn, Susan, K, ,

Mailing Address 1045 Braewick Cir. NW

City
Massillon

State
OH

Zip Code
44646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18960

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DePriest, Jarrod, , ,

Mailing Address 235 Buckboard Rd West
2807

City
Edwards

State
CO

Zip Code
81632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Sr. VP of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18962

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Diaz, Matthew, M, ,

Mailing Address 4910 Regal Court

City
Rocklin

State
CA

Zip Code
95765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18963

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

280.00

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

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

FOR LINE NUMBER: PAGE 9 OF 20

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Drury, Erica, Eisenlauer, ,

Mailing Address 1139 Perkins Way

City
Sacramento

State
CA

Zip Code
95818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18965

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Feldman, Amy, , ,

Mailing Address 10711 Huntwood Drive

City
Silver Spring

State
MD

Zip Code
20901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
VP of Clinical & Reg Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18967

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fernie, Elizabeth, D, ,

Mailing Address 154 Blackswan Pl

City
The Woodlands

State
TX

Zip Code
77354

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Buisness Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18968

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

120.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Foster, Claire, K, ,

Mailing Address 108 Colonial Dr

City
Wilmington

State
NC

Zip Code
28403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Field Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18970

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Friedell, Andrew, , ,

Mailing Address 523A Epping Forrest Rd

City
Annapolis

State
MD

Zip Code
21401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Sr. VP Strategic Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18971

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gehman, Robert, K, , Jr

Mailing Address 229 Treherne Road

City
Lutherville

State
MD

Zip Code
21093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
SVP - Continuous Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18973

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

240.00

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)

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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gering, Joseph, , ,

Mailing Address 1529 E. Blackwood Lane

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2020

Transaction ID : SA11AI.18974

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hughes, Laura, L, ,

Mailing Address 19914 Gunpowder Road

City

Manchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

VP of Medicare West & Central

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2020

Transaction ID : SA11AI.18977

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jesiolkiewicz, Leah, M, ,

Mailing Address 207 Grace Manor Drive

City

Coraopolis

State

PA

Zip Code

15108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Development

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2020

Transaction ID : SA11AI.18980

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

210.00

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

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

FOR LINE NUMBER: PAGE 12 OF 20
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jesiolkiewicz, Louis, Carl, ,

Mailing Address 23 Jaycee Drive

City
Pittsburgh

State
PA

Zip Code
15243

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Director of Staffing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18979

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Langley, William, J, ,

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 (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Sr. VP Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18984

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City
Winnabow

State
NC

Zip Code
28479

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Sr. VP of Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18985

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

260.00

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 13 OF 20

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Liberty, Anthony, , ,

Mailing Address 2677 Sugar Pine Run

City
Oviedo

State
FL

Zip Code
32765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18987

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martincek, Kevin, D, ,

Mailing Address 402 Blaze Dr

City
Glenshaw

State
PA

Zip Code
15116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18992

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meeker, Mary, L, ,

Mailing Address 12068 Royal Fern Ln

City
Jacksonville

State
FL

Zip Code
32223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.18994

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

130.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 20

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Melone, Lisa, M, ,

Mailing Address 6643 Applewood Blvd

City

Boardman

State

OH

Zip Code

44512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 26 / 2020

Transaction ID : SA11AI.18995

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstons Road

City

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

CCO & Sr. VP of Quality, Safety

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.84

Date of Receipt

06 / 26 / 2020

Transaction ID : SA11AI.18996

Amount of Each Receipt this Period

115.36

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Miller, Natalie, M, ,

Mailing Address 14057 Montecello Dr

City

Cooksville

State

MD

Zip Code

21723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 26 / 2020

Transaction ID : SA11AI.18997

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

195.36

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

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

FOR LINE NUMBER: PAGE 15 OF 20
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nichols, James, , ,

Mailing Address 296 Dandridge Dr.

City
Franklin

State
TN

Zip Code
37067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.19001

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Peaslee, Robert, B, ,

Mailing Address 210 Bentwood Ct

City
Salem

State
VA

Zip Code
24153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.19005

Amount of Each Receipt this Period

38.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Raney, Michael, , ,

Mailing Address 300 Vale Drive

City
Wilmington

State
NC

Zip Code
28411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

728.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.19007

Amount of Each Receipt this Period

112.00

☐ Memo Item

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

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

190.00

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 20

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City
EppingState
NHZip Code
03042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.19009

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rosier, Collan, B, ,

Mailing Address 2025 Harbour Gates Dr
#288City
AnnapolisState
MDZip Code
21401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.19011

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rozelle, Christopher, M, ,

Mailing Address 2013 Powers Ferry Rd SE
Apt CCity
MariettaState
GAZip Code
30067FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Director of Business 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
06 / 26 / 2020

Transaction ID : SA11AI.19013

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

180.00

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

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

FOR LINE NUMBER: PAGE 17 OF 20

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Simcox, Nichole, , ,

Mailing Address 62 Ginger Tree Ct.

City
O'Fallon

State
MO

Zip Code
63368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.19014

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stickles, Jeremy, D, ,

Mailing Address 2909 Hanes Ave
#148

City
Richmond

State
VA

Zip Code
23222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Field Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.19018

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stover, Regina, , ,

Mailing Address 3400 Hemphill Road

City
Norton

State
OH

Zip Code
44203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.19020

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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

PAGE 18 OF 20

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Suchocki, Bernard, , ,

Mailing Address 46 Burwood Avenue

City
StamfordState
CTZip Code
06902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	D D	Y Y Y Y
06	26	2020

Transaction ID : SA11AI.19022

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Whiting, Evan, D, ,

Mailing Address 1469 Bridle Creek Blvd

City
Virginia BeachState
VAZip Code
23464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	D D	Y Y Y Y
06	26	2020

Transaction ID : SA11AI.19026

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilkinson, Matthew, J, ,Mailing Address 624 Ponte Vedra Blvd
Unit C5City
Ponte Vedra BeachState
FLZip Code
32082FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Business Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	D D	Y Y Y Y
06	26	2020

Transaction ID : SA11AI.19027

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

120.00

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 19 OF 20
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Zdarko, Joel, , ,**

Mailing Address 1439 Harlan Dr.

City
Danville

State
CA

Zip Code
94526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.19030

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

40.00

2405.36

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

PAGE 20 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 426

City
STEVENSVILLEState
MDZip Code
21666Purpose of Disbursement
Voided Political Contribution, Originally Reported on 10/10/2018

Candidate Name

HARRIS, ANDREW, P, ,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

FEC Identification Number

C C00435974

Transaction ID : SB23.19034

Amount of Each Disbursement this Period

- 1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 1000.00

- 1000.00