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Image# 201607159020557774

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

For	Other Than An Au	thorized Committe	ee		Office Use Only
NAME OF TYI COMMITTEE (in full)	PE OR PRINT ▼	Example: If typin over the lines.	ng, type	12FE4M5	
MAXIM HEALTHCARE SE	RVICES INC POLI	TICAL ACTION (COMMITTE	EE (MAXIM	HEALTHCARE PAC)
ADDRESS (number and street)	228 S Washington St				
Check if different	Suite 115				
than proviously	Alexandria			VA _	22314
2. FEC IDENTIFICATION NUME	BER ▼ CI	TY▲	S	STATE 🛦	ZIP CODE ▲
C C00558932			NEW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)	= -	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Ma	r 20 (M3)	Jun 20 (M6)	Sep :	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)			Jul 20 (M7)	. —	20 (M10) Jan 31 (YE)
X July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12F		General (
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (1	12S)
January 31 Year-End Report (YE)	Electi	on on	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (300	G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Electi	on on	D D /	Y	in the State of
5. Covering Period 04	01 2016	through	M M M	/ D D /	2016
I certify that I have examined this F	Report and to the best o	f my knowledge and l	belief it is true	e, correct and	complete.
Type or Print Name of Treasurer	David Satterfield				
Signature of Treasurer David Sat	terfield	[Electronicall	y Filed] Da	ate 07	/ 15 / Y Y Y Y Y Y Y 2016
NOTE: Submission of false, erroneous	s, or incomplete information	on may subject the per-	son signing th	is Report to th	e 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)

Write or Type Committee Name

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

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		23610.00
	(b) Cash on Hand at Beginning of Reporting Period	39888.52	
	(c) Total Receipts (from Line 19)	12764.98	30529.50
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	52653.50	54139.50
7.	Total Disbursements (from Line 31)	16186.56	17672.56
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36466.94	36466.94
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

outions (other than loans) From: dividuals/Persons Other nan Political Committees Itemized (use Schedule A)) Unitemized i) TOTAL (add Lines 11(a)(i) and (ii) blitical Party Committees ther Political Committees uch as PACs) otal Contributions (add Lines	7	7147.02 5617.96 12764.98 0.00		15014.06 15515.44 30529.50
nan Political Committees Itemized (use Schedule A)) Unitemized) TOTAL (add Lines 11(a)(i) and (ii) political Party Committees ther Political Committees uch as PACs)	7	5617.96 12764.98		15515.44
Itemized (use Schedule A)) Unitemized) TOTAL (add Lines 11(a)(i) and (ii) political Party Committees ther Political Committees uch as PACs)	7	5617.96 12764.98	2	15515.44
Unitemized i) TOTAL (add Lines 11(a)(i) and (ii) blitical Party Committees ther Political Committees uch as PACs)	7	5617.96 12764.98		15515.44
Dilitical Party Committeesther Political Committees uch as PACs)	7	12764.98		
Lines 11(a)(i) and (ii) Dilitical Party Committees ther Political Committees uch as PACs)	7			30529.50
ther Political Committees uch as PACs)	7	0.00		
uch as PACs)				0.00
tal Contributions (add Lines	7	0.00		0.00
(a)(iii), (b), and (c)) (Carry		40704.00		20520.50
otals to Line 33, page 5)▶		12764.98		30529.50
Committees		0.00		0.00
ans Received		0.00		0.00
Repayments Received		0.00		0.00
· · · · · · · · · · · · · · · · · · ·		0.00		0.00
1 - 1				
eral Candidates and Other				
al Committees		0.00		0.00
Federal Receipts				
· ·	_ = =	0.00		0.00
n-Federal Account				
		0.00		0.00
rin Funds (from Schedule H5)		0.00		0.00
al Transfers (add 18(a) and 18(b))		0.00		0.00
	ers From Affiliated/Other Committees	ers From Affiliated/Other Committees	ers From Affiliated/Other Committees	ers From Affiliated/Other Committees

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		
 Operating Expenditures: — (a) Allocated Federal/Non-Federal 				
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	400.50	200 56		
Expenditures(c) Total Operating Expenditures	186.56	322.56		
(add 21(a)(i), (a)(ii), and (b))▶	186.56	322.56		
2. Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	2500.00	2500.00		
Independent Expenditures				
(use Schedule E)	0.00	0.00		
. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use Schedule F)	0.00	0.00		
. Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
man i onical committees				
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
		44050.00		
. Other Disbursements	13500.00	14850.00		
. Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
בוווסט סטקמוקוון מווט סטקטוןוווי		7		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16186.56	17672.56		
. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	16186.56	17672.56		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	12764.98	30529.50
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12764.98	30529.50
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	186.56	322.56
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	186.56	322.56

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

				PAGE		6	OF	131		
	(check only one)									
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

NAME OF COMMITTEE (In Full)	the name and address of any political committee	
	State Zip Code MA 01602 C Occupation Area Vice President Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2016 Transaction ID: SA11AI.10590 Amount of Each Receipt this Period 10.00 Memo Item
Full Name (Last, First, Middle Initial) Haven Andrews Mailing Address 2 Tatnuck Ter City Worcester FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MA 01602 C Occupation Area Vice President Aggregate Year-to-Date ▼	Date of Receipt M M M / 24 2016 Transaction ID: SA11AI.10688 Amount of Each Receipt this Period 10.00 Memo Item
Full Name (Last, First, Middle Initial) Kevin D Apperson Mailing Address 2235 Eutaw Place City Baltimore FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21217 C Occupation Chief Information Officer Aggregate Year-to-Date ▼ 390.00	Date of Receipt M M O1 2016 Transaction ID: SA11AI.9508 Amount of Each Receipt this Period 30.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one)

_	EMIZED RECEIPTS	 	ach category of the iled Summary Page	X 11a 11b 11c 12 12 13 14 15 16 17
	ny information copied from such Reports and Stator commercial purposes, other than using the r			
\rangle	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES IN	C POLITICAL /	ACTION COMMITT	EE (MAXIM HEALTHCARE PAC)
Δ.	Receipt For: Primary General Other (specify) ▼			Date of Receipt 04 08 2016 Transaction ID: SA11AI.9605 Amount of Each Receipt this Period 30.00 Memo Item
3.	Full Name (Last, First, Middle Initial) Kevin D Apperson Mailing Address 2235 Eutaw Place City Baltimore FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼			Date of Receipt 04 15 2016 Transaction ID: SA11AI.9702 Amount of Each Receipt this Period 30.00 Memo Item
D.	Full Name (Last, First, Middle Initial) Kevin D Apperson Mailing Address 2235 Eutaw Place City Baltimore FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary Other (specify) Other (specify)			Date of Receipt 04 22 2016 Transaction ID: SA11AI.9798 Amount of Each Receipt this Period 30.00 Memo Item
	SUBTOTAL of Receipts This Page (optional)			90.00
т	OTAL This Period (last page this line number or	ılv)		

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Kevin D Apperson Date of Receipt Mailing Address 2235 Eutaw Place 04 2016 City Zip Code State Transaction ID: SA11AI.9897 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Information Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin D Apperson Date of Receipt Mailing Address 2235 Eutaw Place 05 06 2016 City State Zip Code Transaction ID: SA11AI.9994 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Chief Information Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 540,00 Full Name (Last, First, Middle Initial) c. Kevin D Apperson Date of Receipt Mailing Address 2235 Eutaw Place 05 13 2016 City Zip Code State Transaction ID: SA11AI.10094 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Information Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Kevin D Apperson Date of Receipt Mailing Address 2235 Eutaw Place 20 2016 City Zip Code State Transaction ID: SA11AI.10193 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Information Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin D Apperson Date of Receipt Mailing Address 2235 Eutaw Place 05 27 2016 City State Zip Code Transaction ID: SA11AI.10292 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Chief Information Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 630.00 Full Name (Last, First, Middle Initial) c. Kevin D Apperson Date of Receipt Mailing Address 2235 Eutaw Place 06 03 2016 City Zip Code State Transaction ID: SA11AI.10393 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Information Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE	10 OF	131
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Kevin D Apperson Date of Receipt Mailing Address 2235 Eutaw Place 2016 10 City Zip Code State Transaction ID: SA11AI.10492 MD Baltimore 21217 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Information Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin D Apperson Date of Receipt Mailing Address 2235 Eutaw Place 17 06 2016 City State Zip Code Transaction ID: SA11AI.10591 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Chief Information Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 720.00 Full Name (Last, First, Middle Initial) c. Kevin D Apperson Date of Receipt Mailing Address 2235 Eutaw Place 06 24 2016 City Zip Code State Transaction ID: SA11AI.10689 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing

750.00

С

Occupation

Chief Information Officer

Aggregate Year-to-Date ▼

federal political committee.

Maxim Healthcare Services Inc

Other (specify)

General

Name of Employer

Primary

Receipt For:

30.00

Memo Item

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stator commercial purposes, other than using the n			
\rangle	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES IN	IC POLIT	ICAL ACTION COMMITT	EE (MAXIM HEALTHCARE PAC)
	' '	State MO C Occupation Area Vice P Aggregate	Zip Code 63368 resident Year-to-Date ▼ 210.00	Date of Receipt 05 27 2016 Transaction ID : SA11AI.10297 Amount of Each Receipt this Period 10.00 Memo Item
	Maxim Haalthaara Caniisaa Ina	State MO C Occupation Area Vice P Aggregate		Date of Receipt 06 03 2016 Transaction ID: SA11AI.10398 Amount of Each Receipt this Period 10.00 Memo Item
	Full Name (Last, First, Middle Initial) Christopher Bodmer Mailing Address 903 Sill Ridge Drive City O'Fallon FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State MO C Occupation Area Vice P Aggregate	Zip Code 63368 Tresident Year-to-Date ▼ 230.00	Date of Receipt 06 10 2016 Transaction ID: SA11AI.10497 Amount of Each Receipt this Period 10.00 Memo Item
s	UBTOTAL of Receipts This Page (optional)			30.00
Т	OTAL This Period (last page this line number or	าly)		

FOR LINE NUMBER: PAGE 12 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Christopher Bodmer Date of Receipt Mailing Address 903 Sill Ridge Drive 2016 City Zip Code State Transaction ID: SA11AI.10596 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Bodmer Date of Receipt Mailing Address 903 Sill Ridge Drive 06 24 2016 City State Zip Code Transaction ID: SA11AI.10694 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) **c.** Andrew Brusaschetti Date of Receipt Mailing Address 4708 Durham Court 05 27 2016 City State Zip Code Transaction ID: SA11AI.10299 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FO	R LINE	NU	IMBER	:	PAGE	1	ı3 Ol	F	13
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		717

	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full)	INC POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Andrew Brusaschetti		Date of Receipt
Mailing Address 4708 Durham Court		06 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.10400
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Administrative Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Andrew Brusaschetti		Date of Receipt
Mailing Address 4708 Durham Court		06 10 2016
City	State Zip Code	Transaction ID : SA11AI.10499
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Administrative Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) C. Andrew Brusaschetti		Date of Receipt
Mailing Address 4708 Durham Court		06 17 2016 _
City	State Zip Code	Transaction ID : SA11AI.10598
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Administrative Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)	>	30.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 14 OF 131 Use separate schedule(s) (check only one)

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or	or commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITI	CAL ACTION COMMITT	EE (MAXIM HEALTHCARE PAC)
	Full Name (Last, First, Middle Initial) Andrew Brusaschetti			Date of Receipt
	Mailing Address 4708 Durham Court			06 24 2016
	City Rocklin	State CA	Zip Code 95765	Transaction ID : SA11AI.10696
-		UA .	93703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
Ī	Name of Employer	Occupation		Memo Item
	Maxim Healthcare Services Inc	Administrativ	ve Officer	
	Receipt For: Primary General	Aggregate `	Year-to-Date ▼	
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Raymond A Carbone			Date of Receipt
	Mailing Address 367 Berkshire Drive			04 01 2016
	City	State	Zip Code	Transaction ID : SA11AI.9518
-	Riva	MD	21140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Maxim Healthcare Services Inc	Occupation Chief Finance	ial Officer	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 390.00	
	Full Name (Last, First, Middle Initial) Raymond A Carbone			Date of Receipt
	Mailing Address 367 Berkshire Drive			04 08 2016
	City Riva	State MD	Zip Code 21140	Transaction ID : SA11AI.9615 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		30.00
1	Name of Employer	Occupation		Memo Item
	Maxim Healthcare Services Inc	Chief Financ	cial Officer	
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	
	JBTOTAL of Receipts This Page (optional)	1		70.00

FOR LINE NUMBER: PAGE 15 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 04 2016 City Zip Code State Transaction ID: SA11AI.9712 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Financial Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 04 22 2016 City State Zip Code Transaction ID: SA11AI.9808 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480,00 Full Name (Last, First, Middle Initial) c. Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 04 29 2016 City State Zip Code Transaction ID: SA11AI.9907 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Financial Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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FOR LINE NUMBER: PAGE 17 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 2016 27 City Zip Code State Transaction ID: SA11AI.10303 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Financial Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name (Last, First, Middle Initial) B. Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 06 03 2016 City State Zip Code Transaction ID: SA11AI.10404 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 660,00 Full Name (Last, First, Middle Initial) c. Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 06 10 2016 City State Zip Code Transaction ID: SA11AI.10503 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Chief Financial Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive 2016 City State Zip Code Transaction ID: SA11AI.10602 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 720.00 Full Name (Last, First, Middle Initial) B. Raymond A Carbone Date of Receipt Mailing Address 367 Berkshire Drive

City	State Zip Code	Transaction ID : SA11AI.10700
Riva	MD 21140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 750.00	Memo Item
Full Name (Last, First, Middle Initial) C. Susan K Crawn		Date of Receipt
Mailing Address 1045 Braewick Cir. NW City	State Zip Code	05 27 2016 Transaction ID : SA11AI.10308
Massillon	OH 44646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Area VP Clinical Operations-1M	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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

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

70.00

2016

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Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTI	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Susan K Crawn Mailing Address 1045 Braewick Cir. NW City Massillon FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code OH 44646 C Occupation Area VP Clinical Operations-1M Aggregate Year-to-Date ▼ 220.00	Date of Receipt 06 03 2016 Transaction ID: SA11AI.10409 Amount of Each Receipt this Period 10.00 Memo Item
Full Name (Last, First, Middle Initial) Susan K Crawn Mailing Address 1045 Braewick Cir. NW City Massillon FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code OH 44646 C Occupation Area VP Clinical Operations-1M Aggregate Year-to-Date ▼	Date of Receipt 06 10 2016 Transaction ID: SA11AI.10508 Amount of Each Receipt this Period 10.00 Memo Item
Full Name (Last, First, Middle Initial) Susan K Crawn Mailing Address 1045 Braewick Cir. NW City Massillon FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code OH 44646 C Occupation Area VP Clinical Operations-1M Aggregate Year-to-Date ▼ 240.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line number	only)	

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Susan K Crawn Date of Receipt Mailing Address 1045 Braewick Cir. NW 2016 24 City Zip Code State Transaction ID: SA11AI.10705 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Area VP Clinical Operations-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 04 01 2016 City State Zip Code Transaction ID: SA11AI.9526 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 390,00 Full Name (Last, First, Middle Initial) c. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 80 04 2016 City State Zip Code Transaction ID: SA11AI.9623 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 04 2016 15 City State Zip Code Transaction ID: SA11AI.9720 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 04 22 2016 City State Zip Code Transaction ID: SA11AI.9816 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480,00 Full Name (Last, First, Middle Initial) c. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 04 29 2016 City State Zip Code Transaction ID: SA11AI.9915 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 06 2016 City State Zip Code Transaction ID: SA11AI.10013 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 05 13 2016 City State Zip Code Transaction ID: SA11AI.10113 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 570.00 Full Name (Last, First, Middle Initial) c. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 20 05 2016 Zip Code City State Transaction ID: SA11AI.10212 CA Rocklin 95765 Amount of Each Receipt this Period

Primary General Other (specify) ▼	600.00						
SUBTOTAL of Receipts This Page (optional)	·····			-	90.0	00	
TOTAL This Period (last page this line number	r only)						

C

Occupation

Regional Vice President

Aggregate Year-to-Date ▼

FEC ID number of contributing

Maxim Healthcare Services Inc

federal political committee.

Name of Employer

Receipt For:

30.00

Memo Item

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC P	OLITICAL ACTION COMMITTE	EE (MAXIM HEALTHCARE PAC)
Maxim Healthcare Services Inc Region	•	Date of Receipt 05 27 2016 Transaction ID: SA11AI.10311 Amount of Each Receipt this Period 30.00 Memo Item
Maxim Healthcare Services Inc Region	'	Date of Receipt 06 03 2016 Transaction ID: SA11AI.10412 Amount of Each Receipt this Period 30.00 Memo Item
Maxim Healthcare Services Inc Region	•	Date of Receipt 06 10 2016 Transaction ID: SA11AI.10511 Amount of Each Receipt this Period 30.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		90.00

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 2016 City Zip Code State Transaction ID: SA11AI.10610 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 06 24 2016 City State Zip Code Transaction ID: SA11AI.10708 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750,00 Full Name (Last, First, Middle Initial) c. Matthew M Diaz Date of Receipt Mailing Address 2103 Wyckford Blvd 80 04 2016 City State Zip Code Transaction ID: SA11AI.9624 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing С 15.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITT	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Matthew M Diaz Mailing Address 2103 Wyckford Blvd City Rocklin FEC ID number of contributing federal political committee.	State Zip Code CA 95765	Date of Receipt 04 15 2016 Transaction ID : SA11AI.9721 Amount of Each Receipt this Period 15.00
Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	Occupation Area Vice President Aggregate Year-to-Date ▼ 225.00	Memo Item
Full Name (Last, First, Middle Initial) Matthew M Diaz Mailing Address 2103 Wyckford Blvd City Rocklin FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code CA 95765 C Occupation Area Vice President Aggregate Year-to-Date ▼	Date of Receipt 04 22 2016 Transaction ID : SA11AI.9817 Amount of Each Receipt this Period 15.00 Memo Item
Full Name (Last, First, Middle Initial) Matthew M Diaz Mailing Address 2103 Wyckford Blvd City Rocklin FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code CA 95765 C Occupation Area Vice President Aggregate Year-to-Date ▼	Date of Receipt 04 29 2016 Transaction ID : SA11Al.9916 Amount of Each Receipt this Period 15.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		45.00
TOTAL This Period (last page this line number	only)	

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Matthew M Diaz Date of Receipt Mailing Address 2103 Wyckford Blvd 2016 06 City State Zip Code Transaction ID: SA11AI.10014 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew M Diaz Date of Receipt Mailing Address 2103 Wyckford Blvd 05 13 2016 City State Zip Code Transaction ID: SA11AI.10114 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 285.00 Full Name (Last, First, Middle Initial) c. Matthew M Diaz Date of Receipt Mailing Address 2103 Wyckford Blvd 20 05 2016 City State Zip Code Transaction ID: SA11AI.10213 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing С 15.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) Matthew M Diaz		Date of Receipt
Mailing Address 2103 Wyckford Blvd		06 17 2016
City	State Zip Code	Transaction ID : SA11AI.10611
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Area Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Matthew M Diaz		Date of Receipt
Mailing Address 2103 Wyckford Blvd		M M / D D / Y Y Y Y
		06 24 2016
City	State Zip Code	Transaction ID : SA11AI.10709
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Micah Ensor		Date of Receipt
Mailing Address 6965 Old River Road		M M / D D / Y Y Y Y Y
		05 27 2016
City	State Zip Code	Transaction ID : SA11AI.10315
Nashville	TN 37209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Director of Field Support	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
		40.00

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Micah Ensor Date of Receipt Mailing Address 6965 Old River Road 2016 0.3 City Zip Code State Transaction ID: SA11AI.10416 TN Nashville 37209 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Director of Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Micah Ensor Date of Receipt Mailing Address 6965 Old River Road 06 10 2016 City State Zip Code Transaction ID: SA11AI.10515 TN Nashville 37209 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Director of Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230,00 Full Name (Last, First, Middle Initial) c. Micah Ensor Date of Receipt Mailing Address 6965 Old River Road 06 17 2016 City Zip Code State Transaction ID: SA11AI.10614 TN Nashville 37209 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Director of Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	the name and address S INC POLITICAL State Z	s of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee. EE (MAXIM HEALTHCARE PAC) Date of Receipt Mark / Date / Yangaran O6 24 2016 Transaction ID: SA11AI.10712
Full Name (Last, First, Middle Initial) Micah Ensor Mailing Address 6965 Old River Road City Nashville	State Z TN 3	ip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Micah Ensor Mailing Address 6965 Old River Road City Nashville	TN 3		06 24 2016
City Nashville	TN 3		06 24 2016
Nashville	TN 3		Transaction ID : SA11AI 10712
		37209	. Tanoaction is 1 Sallation is
FEC ID number of contributing	С		Amount of Each Receipt this Period
federal political committee.			10.00
Name of Employer	Occupation		Memo Item
Maxim Healthcare Services Inc	Director of Field S	Support	
Receipt For:	Aggregate Year-to	o-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) . Amy Feldman			Date of Receipt
Mailing Address 10711 Huntwood Drive			05 27 2016
City		ip Code	Transaction ID : SA11AI.10316
Silver Spring	MD 2	0901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer Maxim Healthcare Services Inc	Occupation Director of State A	Affairs	Memo Item
Receipt For: □ Primary □ General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) . Amy Feldman			Date of Receipt
Mailing Address 10711 Huntwood Drive			06 03 2016
City Silver Spring		ip Code :0901	Transaction ID : SA11AI.10417
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer	Occupation		Memo Item
Maxim Healthcare Services Inc	Director of State A	Affairs	
Receipt For: Primary General	Aggregate Year-to	o-Date ▼	
Other (specify)		220.00	
SUBTOTAL of Receipts This Page (optional).	1		30.00

FOR LINE NUMBER: PAGE 31 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Amy Feldman Date of Receipt Mailing Address 10711 Huntwood Drive 2016 City Zip Code State Transaction ID: SA11AI.10516 MD Silver Spring 20901 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Director of State Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Amy Feldman Date of Receipt Mailing Address 10711 Huntwood Drive 06 2016 17 City State Zip Code Transaction ID: SA11AI.10615 MD Silver Spring 20901 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc **Director of State Affairs** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240,00 Full Name (Last, First, Middle Initial) c. Amy Feldman Date of Receipt Mailing Address 10711 Huntwood Drive 06 24 2016 City Zip Code State Transaction ID: SA11AI.10713 MD Silver Spring 20901 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation **Director of State Affairs** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 32 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Elizabeth D Fernie Date of Receipt Mailing Address 130 Cheswood Manor Dr 2016 27 City Zip Code State Transaction ID: SA11AI.10317 TX The Woodlands 77382 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth D Fernie Date of Receipt Mailing Address 130 Cheswood Manor Dr 06 03 2016 City State Zip Code Transaction ID: SA11AI.10418 The Woodlands TX 77382 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220,00 Full Name (Last, First, Middle Initial) c. Elizabeth D Fernie Date of Receipt Mailing Address 130 Cheswood Manor Dr 06 10 2016 City Zip Code State Transaction ID: SA11AI.10517 TX The Woodlands 77382 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 33 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Elizabeth D Fernie Date of Receipt Mailing Address 130 Cheswood Manor Dr 2016 City Zip Code State Transaction ID: SA11AI.10616 The Woodlands TX 77382 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth D Fernie Date of Receipt Mailing Address 130 Cheswood Manor Dr 06 24 2016 City State Zip Code Transaction ID: SA11AI.10714 The Woodlands TX 77382 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) **c.** Kris Frank Date of Receipt Mailing Address 4771 Marlborough Way 05 27 2016 City State Zip Code Transaction ID: SA11AI.10319 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation **Director of State Affairs** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full)	INC POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Kris Frank		Date of Receipt
Mailing Address 4771 Marlborough Way		06 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.10420
Carmichael	CA 95608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Director of State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Kris Frank		Date of Receipt
Mailing Address 4771 Marlborough Way		06 10 2016
City	State Zip Code	Transaction ID : SA11AI.10519
Carmichael	CA 95608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Director of State Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 4771 Marlborough Way		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.10618
Carmichael	CA 95608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Director of State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line number	only)	

	FO	R LINE	NU	IMBER	:	PAGE	3	55 OI	F	13
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	d Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	S INC POLITICAL ACTION COMMITTE	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Kris Frank Mailing Address 4771 Marlborough Way		Date of Receipt
		06 24 2016
City	State Zip Code	Transaction ID : SA11AI.10715
Carmichael	CA 95608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Director of State Affairs	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Andrew Friedell		Date of Receipt
Mailing Address 7227 Lee Deforest Drive		04 01 2016
City	State Zip Code	Transaction ID : SA11AI.9535
Columbia	MD 21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial) C. Andrew Friedell		Date of Receipt
Mailing Address 7227 Lee Deforest Drive		04 08 _ 2016 _
City	State Zip Code	Transaction ID : SA11AI.9632
Columbia	MD 21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	420.00	
SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number	per only)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTI	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Andrew Friedell Mailing Address 7227 Lee Deforest Drive City Columbia FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21046 C Occupation Vice President - Govt Affairs Aggregate Year-to-Date ▼ 450.00	Date of Receipt 04 15 2016 Transaction ID: SA11AI.9729 Amount of Each Receipt this Period 30.00 Memo Item
Full Name (Last, First, Middle Initial) Andrew Friedell Mailing Address 7227 Lee Deforest Drive City Columbia FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21046 C Occupation Vice President - Govt Affairs Aggregate Year-to-Date ▼ 480.00	Date of Receipt 04 22 2016 Transaction ID: SA11AI.9825 Amount of Each Receipt this Period 30.00 Memo Item
Full Name (Last, First, Middle Initial) Andrew Friedell Mailing Address 7227 Lee Deforest Drive City Columbia FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21046 C Occupation Vice President - Govt Affairs Aggregate Year-to-Date ▼ 510.00	Date of Receipt 04 29 2016 Transaction ID: SA11AI.9924 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)	

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_	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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\rangle	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES IN	C POLITICAL ACTION COMMITT	ΓΕΕ (MAXIM HEALTHCARE PAC)
Α.	Maxim Healthcare Services Inc	State Zip Code MD 21046 C Occupation Vice President - Govt Affairs Aggregate Year-to-Date ▼	Date of Receipt Mark
3.	Maxim Healthcare Services Inc	State Zip Code MD 21046 C Occupation /ice President - Govt Affairs Aggregate Year-to-Date ▼	Date of Receipt M
C.	Maxim Healthcare Services Inc	State Zip Code MD 21046 C Occupation Vice President - Govt Affairs Aggregate Year-to-Date ▼	Date of Receipt 05 20 2016 Transaction ID: SA11AI.10221 Amount of Each Receipt this Period 30.00 Memo Item
s	UBTOTAL of Receipts This Page (optional)		90.00
Т	OTAL This Period (last page this line number on	ly)	

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		13		14		15		16		71

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) A. Andrew Friedell Mailing Address 7227 Lee Deforest Drive		Date of Receipt
		05 27 2016
City	State Zip Code	Transaction ID : SA11AI.10320
Columbia	MD 21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	- Memo Item
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	630.00	
Full Name (Last, First, Middle Initial) Andrew Friedell		Date of Receipt
Mailing Address 7227 Lee Deforest Drive		06 03 2016 _
City	State Zip Code	Transaction ID : SA11AI.10421
Columbia	MD 21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) C. Andrew Friedell		Date of Receipt
Mailing Address 7227 Lee Deforest Drive		06 10 2016
City	State Zip Code	Transaction ID : SA11AI.10520
Columbia	MD 21046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	- Memo Item
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	690.00	
SUBTOTAL of Receipts This Page (optional)		90.00
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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Andrew Friedell Date of Receipt Mailing Address 7227 Lee Deforest Drive 2016 City Zip Code State Transaction ID: SA11AI.10619 MD Columbia 21046 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Govt Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew Friedell Date of Receipt Mailing Address 7227 Lee Deforest Drive 06 24 2016 City State Zip Code Transaction ID: SA11AI.10716 MD Columbia 21046 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Govt Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750,00 Full Name (Last, First, Middle Initial) c. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 04 01 2016 City Zip Code State Transaction ID: SA11AI.9539 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 40 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 04 08 2016 City Zip Code State Transaction ID: SA11AI.9636 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 04 15 2016 City State Zip Code Transaction ID: SA11AI.9733 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300,00 Full Name (Last, First, Middle Initial) c. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 04 22 2016 City Zip Code State Transaction ID: SA11AI.9829 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 04 2016 City Zip Code State Transaction ID: SA11AI.9928 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.10026 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 360,00 Full Name (Last, First, Middle Initial) c. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 05 13 2016 City Zip Code State Transaction ID: SA11AI.10126 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 20 2016 City Zip Code State Transaction ID: SA11AI.10225 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 05 27 2016 City State Zip Code Transaction ID: SA11AI.10324 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 420,00 Full Name (Last, First, Middle Initial) c. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 06 03 2016 City Zip Code State Transaction ID: SA11AI.10425 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 2016 City Zip Code State Transaction ID: SA11AI.10524 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 17 06 2016 City State Zip Code Transaction ID: SA11AI.10622 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480,00 Full Name (Last, First, Middle Initial) c. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 06 24 2016 City Zip Code State Transaction ID: SA11AI.10719 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS		each category of the tailed Summary Page	X 11a 11b 11c 12 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not the name and addres	be sold or used by any ps of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	ES INC POLITICAL	_ ACTION COMMITT	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) A. Garrett Ryan Goad			Date of Receipt
Mailing Address 4734 Crater Rim Rd			05 27 2016
City Carlsbad		Zip Code 92010	Transaction ID : SA11AI.10325 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer	Occupation		Memo Item
Maxim Healthcare Services Inc	Area Vice Preside	ent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 210.00]
Full Name (Last, First, Middle Initial) B. Garrett Ryan Goad			Date of Receipt
Mailing Address 4734 Crater Rim Rd			06 03 _2016 _
City Carlsbad		Zip Code 02010	Transaction ID : SA11AI.10426 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer Maxim Healthcare Services Inc	Occupation Area Vice Preside	ent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 220.00]
Full Name (Last, First, Middle Initial) C. Garrett Ryan Goad			Date of Receipt
Mailing Address 4734 Crater Rim Rd			06 10 2016
City Carlsbad		Zip Code 92010	Transaction ID : SA11AI.10525 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer	Occupation		Memo Item
Maxim Healthcare Services Inc	Area Vice Preside	ent	
Receipt For: Primary General	Aggregate Year-	to-Date ▼	
Primary General Other (specify) ▼		230.00]
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line numl	ber only)		

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any pag the name and address of any political committee	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVIC	ES INC POLITICAL ACTION COMMITT	TEE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Garrett Ryan Goad Mailing Address 4734 Crater Rim Rd City Carlsbad FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code CA 92010 C Occupation Area Vice President Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Garrett Ryan Goad Mailing Address 4734 Crater Rim Rd City Carlsbad FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code CA 92010 C Occupation Area Vice President Aggregate Year-to-Date ▼ 250.00	Date of Receipt 06 24 2016 Transaction ID: SA11AI.10720 Amount of Each Receipt this Period 10.00 Memo Item
Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg Mailing Address 6484 Mountain Sky Road City Frisco FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code TX 75034 C Occupation Vice President Aggregate Year-to-Date 390.00	Date of Receipt O4 O1 2016 Transaction ID: SA11AI.9541 Amount of Each Receipt this Period 30.00 Memo Item
SUBTOTAL of Receipts This Page (optional	al)	50.00
TOTAL This Period (last page this line num	mber only)	>

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Use separate schedule(s)	(check only one)								
for each category of the Detailed Summary Page	X 11a 11b 11c 12								
	13 14 15 16	17							

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 04 08 2016 City Zip Code State Transaction ID: SA11AI.9638 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 04 15 2016 City State Zip Code Transaction ID: SA11AI.9735 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450,00 Full Name (Last, First, Middle Initial) c. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 04 22 2016 City Zip Code State Transaction ID: SA11AI.9831 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item

Occupation Vice President

Aggregate Year-to-Date ▼

480.00

Name of Employer

Primary

Receipt For:

Maxim Healthcare Services Inc

Other (specify)

General

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

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

90.00

	FOR LINE NUMBER: PAGE 47	OF 13'							
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for each category of the Detailed Summary Page	X 11a 11b 11c 12								
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 04 2016 29 City Zip Code State Transaction ID: SA11AI.9930 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.10028 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 540,00 Full Name (Last, First, Middle Initial) c. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 05 13 2016 City Zip Code State Transaction ID: SA11AI.10128 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item

90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

570.00

Occupation Vice President

Aggregate Year-to-Date ▼

Name of Employer

Primary

Receipt For:

Maxim Healthcare Services Inc

Other (specify)

General

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for each category of the Detailed Summary Page	X 11a 11b	11c 12							
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	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Jeremy Ben Goldberg Mailing Address 6484 Mountain Sky Road		Date of Receipt
		05 20 2016
City	State Zip Code TX 75034	Transaction ID : SA11AI.10227
Frisco	TX 75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) 3. Jeremy Ben Goldberg		Date of Receipt
Mailing Address 6484 Mountain Sky Road		M M / D D / Y Y Y Y
City	State Zip Code	05 27 2016 Transaction ID : \$4414140226
Frisco	TX 75034	Transaction ID : SA11AI.10326 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) C. Jeremy Ben Goldberg		Date of Receipt
Mailing Address 6484 Mountain Sky Road		06 03 2016
City	State Zip Code	Transaction ID : SA11AI.10427
Frisco	TX 75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	660.00	
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 49 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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	FOR LINE NUMBER:	PAGE	50 OF	131						
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 04 01 2016 City Zip Code State Transaction ID: SA11AI.9545 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 04 80 2016 City State Zip Code Transaction ID: SA11AI.9642 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 420,00 Full Name (Last, First, Middle Initial) c. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 04 15 2016 City Zip Code State Transaction ID: SA11AI.9739 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 04 2016 22 City Zip Code State Transaction ID: SA11AI.9835 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 04 29 2016 City State Zip Code Transaction ID: SA11AI.9934 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 510.00 Full Name (Last, First, Middle Initial) c. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 06 05 2016 City Zip Code State Transaction ID: SA11AI.10032 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼

90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Primary

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General

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 2016 13 City Zip Code State Transaction ID: SA11AI.10132 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.10231 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600,00 Full Name (Last, First, Middle Initial) c. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 05 27 2016 City Zip Code State Transaction ID: SA11AI.10330 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 2016 03 City Zip Code State Transaction ID: SA11AI.10431 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 06 10 2016 City State Zip Code Transaction ID: SA11AI.10530 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General

Full Name (Last, First, Middle Initial) Laura L Hughes		Date of Receipt
Mailing Address 19914 Gunpowder Road		06 17 _ 2016 _
City	State Zip Code	Transaction ID : SA11AI.10628
Manchester	MD 21102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	VP of Medicare West & Central	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Receipt For:	VP of Medicare West & Central Aggregate Year-to-Date ▼ 720.00	

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690.00

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90.00

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Laura L Hughes Date of Receipt Mailing Address 19914 Gunpowder Road 2016 24 City Zip Code State Transaction ID: SA11AI.10725 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bart A Kelly Date of Receipt Mailing Address 13715 Summer Hill Dr. 04 01 2016 City State Zip Code Transaction ID: SA11AI.9547 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President-Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260,00 Full Name (Last, First, Middle Initial) c. Bart A Kelly Date of Receipt Mailing Address 13715 Summer Hill Dr. 80 04 2016 City Zip Code State Transaction ID: SA11AI.9644 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President-Human Resources Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Bart A Kelly Date of Receipt Mailing Address 13715 Summer Hill Dr. 04 2016 City Zip Code State Transaction ID: SA11AI.9741 MD 21131 Phoenix Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President-Human Resources Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bart A Kelly Date of Receipt Mailing Address 13715 Summer Hill Dr. 04 22 2016 City State Zip Code Transaction ID: SA11AI.9837 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President-Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 320,00 Full Name (Last, First, Middle Initial) c. Bart A Kelly Date of Receipt Mailing Address 13715 Summer Hill Dr. 04 29 2016 City Zip Code State Transaction ID: SA11AI.9936 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President-Human Resources Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 56 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Bart A Kelly Date of Receipt Mailing Address 13715 Summer Hill Dr. 2016 06 City Zip Code State Transaction ID: SA11AI.10034 MD 21131 Phoenix Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President-Human Resources Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bart A Kelly Date of Receipt Mailing Address 13715 Summer Hill Dr. 05 13 2016 City State Zip Code Transaction ID: SA11AI.10134 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President-Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 380,00 Full Name (Last, First, Middle Initial) c. Bart A Kelly Date of Receipt Mailing Address 13715 Summer Hill Dr. 20 05 2016 City Zip Code State Transaction ID: SA11AI.10233 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer Occupation Vice President-Human Resources Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES I	INC POLITICAL ACTION COMMITT	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Bart A Kelly Mailing Address 13715 Summer Hill Dr. City Phoenix FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21131 C Occupation Vice President-Human Resources Aggregate Year-to-Date ▼ 420.00	Date of Receipt 05 27 2016 Transaction ID : SA11AI.10332 Amount of Each Receipt this Period 20.00 Memo Item
Full Name (Last, First, Middle Initial) Bart A Kelly Mailing Address 13715 Summer Hill Dr. City Phoenix FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21131 C Occupation Vice President-Human Resources Aggregate Year-to-Date ▼ 440.00	Date of Receipt 06 03 2016 Transaction ID: SA11AI.10433 Amount of Each Receipt this Period 20.00 Memo Item
Full Name (Last, First, Middle Initial) Bart A Kelly Mailing Address 13715 Summer Hill Dr. City Phoenix FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21131 C Occupation Vice President-Human Resources Aggregate Year-to-Date ▼ 460.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	only)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES I	INC POLITICAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Timothy L. Kuhn Mailing Address 508 Wilton Road City Towson FEC ID number of contributing federal political committee. Name of Employer	State Zip Code MD 21286	Date of Receipt 04 08 2016 Transaction ID: SA11AI.9646 Amount of Each Receipt this Period 28.00 Memo Item
Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Chief Culture Officer Aggregate Year-to-Date ▼ 392.00	
Full Name (Last, First, Middle Initial) Timothy L. Kuhn Mailing Address 508 Wilton Road City Towson FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For:	State Zip Code MD 21286 C Occupation Chief Culture Officer	Date of Receipt 04 15 2016 Transaction ID: SA11AI.9743 Amount of Each Receipt this Period 28.00 Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Timothy L. Kuhn Mailing Address 508 Wilton Road City Towson FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21286 C Occupation Chief Culture Officer Aggregate Year-to-Date ▼ 448.00	Date of Receipt 04 22 2016 Transaction ID : SA11AI.9839 Amount of Each Receipt this Period 28.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		84.00
TOTAL This Period (last page this line number	only)	·

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 04 2016 City Zip Code State Transaction ID: SA11AI.9938 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer Occupation Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 476.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.10036 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Chief Culture Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 504,00 Full Name (Last, First, Middle Initial) c. Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 05 13 2016 City Zip Code State Transaction ID: SA11AI.10136 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing С 28.00 federal political committee. Memo Item Name of Employer Occupation Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 532.00 Other (specify) 84.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 20 2016 City Zip Code State Transaction ID: SA11AI.10235 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer Occupation Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 05 27 2016 City State Zip Code Transaction ID: SA11AI.10334 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Chief Culture Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 588.00 Full Name (Last, First, Middle Initial) c. Timothy L. Kuhn Date of Receipt Mailing Address 508 Wilton Road 06 03 2016 City Zip Code State Transaction ID: SA11AI.10435 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing С 28.00 federal political committee. Memo Item Name of Employer Occupation Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 616.00 Other (specify) 84.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 62 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) William J Langley Date of Receipt Mailing Address 302 Bennett Street 04 01 2016 City State Zip Code Transaction ID: SA11AI.9550 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) Full Name (Last, First, Middle Initial) B. William J Langley Date of Receipt Mailing Address 302 Bennett Street 04 80 2016 City State Zip Code Transaction ID: SA11AI.9647 Mount Pleasant SC 29464 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350,00 Full Name (Last, First, Middle Initial) c. William J Langley Date of Receipt Mailing Address 302 Bennett Street 04 15 2016 City Zip Code State Transaction ID: SA11AI.9744 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify)

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75.00

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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITTI	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) William J Langley Mailing Address 302 Bennett Street City Mount Pleasant FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code SC 29464 C Occupation Vice President Aggregate Year-to-Date ▼ 400.00	Date of Receipt O4 22 2016 Transaction ID: SA11AI.9840 Amount of Each Receipt this Period 25.00 Memo Item
Full Name (Last, First, Middle Initial) William J Langley Mailing Address 302 Bennett Street City Mount Pleasant FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code SC 29464 C Occupation Vice President Aggregate Year-to-Date ▼ 425.00	Date of Receipt 04 29 2016 Transaction ID : SA11AI.9939 Amount of Each Receipt this Period 25.00 Memo Item
Full Name (Last, First, Middle Initial) William J Langley Mailing Address 302 Bennett Street City Mount Pleasant FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code SC 29464 C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt Mark
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POL	ITICAL ACTION COMMITT	EE (MAXIM HEALTHCARE PAC)
Primary General Other (specify) ▼		Date of Receipt Mark
Full Name (Last, First, Middle Initial) B. William J Langley Mailing Address 302 Bennett Street City State Mount Pleasant SC FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼ General		Date of Receipt 05 20 2016 Transaction ID: SA11AI.10236 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 FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)		Date of Receipt Mark Dar 2016 Transaction ID: SA11Al.10335 Amount of Each Receipt this Period 25.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	75.00

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) William J Langley Date of Receipt Mailing Address 302 Bennett Street 2016 0.3 City Zip Code State Transaction ID: SA11AI.10436 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. William J Langley Date of Receipt Mailing Address 302 Bennett Street 06 10 2016 City State Zip Code Transaction ID: SA11AI.10535 Mount Pleasant SC 29464 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 575.00 Full Name (Last, First, Middle Initial) c. William J Langley Date of Receipt Mailing Address 302 Bennett Street 06 17 2016 City Zip Code State Transaction ID: SA11AI.10633 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITT	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) William J Langley Mailing Address 302 Bennett Street City Mount Pleasant FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code SC 29464 C Occupation Vice President Aggregate Year-to-Date ▼ 625.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Laura K Lanier Mailing Address 650 Heartwood Dr. City Winnabow FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code NC 28479 C Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 390.00	Date of Receipt O4 01 2016 Transaction ID: SA11AI.9551 Amount of Each Receipt this Period 30.00 Memo Item
Full Name (Last, First, Middle Initial) Laura K Lanier Mailing Address 650 Heartwood Dr. City Winnabow FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code NC 28479 C Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 420.00	Date of Receipt 04 08 2016 Transaction ID: SA11AI.9648 Amount of Each Receipt this Period 30.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		85.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page	X 11a 11b	11c	12						
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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITT	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Laura K Lanier Mailing Address 650 Heartwood Dr. City Winnabow FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code NC 28479 C Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 540.00	Date of Receipt 05
Full Name (Last, First, Middle Initial) Laura K Lanier Mailing Address 650 Heartwood Dr. City Winnabow FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code NC 28479 C Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 570.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Laura K Lanier Mailing Address 650 Heartwood Dr. City Winnabow FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code NC 28479 C Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 600.00	Date of Receipt 05
SUBTOTAL of Receipts This Page (optional)		90.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jeremy T. Markewicz Date of Receipt Mailing Address 2678 Westbreeze Dr 03 2016 City Zip Code State Transaction ID: SA11AI.10442 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 9.62 federal political committee. Memo Item Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 211.64 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy T. Markewicz Date of Receipt Mailing Address 2678 Westbreeze Dr 06 10 2016 City State Zip Code Transaction ID: SA11AI.10541 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing 9.62 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 221.26 Full Name (Last, First, Middle Initial) c. Jeremy T. Markewicz Date of Receipt Mailing Address 2678 Westbreeze Dr 06 17 2016 City State Zip Code Transaction ID: SA11AI.10639 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing С 9.62 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 230.88 Other (specify)

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17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jeremy T. Markewicz Date of Receipt Mailing Address 2678 Westbreeze Dr 2016 24 City Zip Code State Transaction ID: SA11AI.10736 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 9.62 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 240.50 Other (specify) Full Name (Last, First, Middle Initial) B. Jadd A Martinez Date of Receipt Mailing Address 3145 Calle Jazmin 05 27 2016 City State Zip Code Transaction ID: SA11AI.10343 San Luis Obispo CA 93401 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name (Last, First, Middle Initial) c. Jadd A Martinez Date of Receipt Mailing Address 3145 Calle Jazmin 06 03 2016

Zip Code

93401

Regional Director-Business Dev

Aggregate Year-to-Date ▼

State

CA

Occupation

С

City

San Luis Obispo

Name of Employer

Receipt For:

FEC ID number of contributing

Maxim Healthcare Services Inc

federal political committee.

10.00

Transaction ID: SA11AI.10444

Memo Item

Amount of Each Receipt this Period

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	nd Statements may not be sold or used by any pers the name and address of any political committee t						
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	ES INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)					
Full Name (Last, First, Middle Initial) Jadd A Martinez Mailing Address 3145 Calle Jazmin		Date of Receipt					
City San Luis Obispo FEC ID number of contributing	State Zip Code CA 93401	06 10 2016 Transaction ID : SA11AI.10543 Amount of Each Receipt this Period					
federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Regional Director-Business Dev Aggregate Year-to-Date ▼ 230.00	Memo Item					
Full Name (Last, First, Middle Initial) 3. Jadd A Martinez Mailing Address 3145 Calle Jazmin	dd A Martinez						
City San Luis Obispo FEC ID number of contributing federal political committee.	State Zip Code CA 93401	Transaction ID : SA11AI.10641 Amount of Each Receipt this Period					
Name of Employer Maxim Healthcare Services Inc Receipt For:	Occupation Regional Director-Business Dev	Memo Item					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00						
Full Name (Last, First, Middle Initial) 2. Jadd A Martinez Mailing Address 3145 Calle Jazmin		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City San Luis Obispo FEC ID number of contributing	State Zip Code CA 93401	Transaction ID : SA11AI.10738 Amount of Each Receipt this Period 10.00					
Name of Employer Maxim Healthcare Services Inc Receipt For:	Occupation Regional Director-Business Dev Aggregate Year-to-Date ▼	Memo Item					
Primary General Other (specify) ▼	250.00						
SUBTOTAL of Receipts This Page (optional)	30.00					
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 04 01 2016 City Zip Code State Transaction ID: SA11AI.9561 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 374.92 Other (specify) Full Name (Last, First, Middle Initial) B. Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 04 80 2016 City State Zip Code Transaction ID: SA11AI.9658 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 403,76 Full Name (Last, First, Middle Initial) c. Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 04 15 2016 City Zip Code State Transaction ID: SA11AI.9755 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing С 28.84 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 432.60 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 04 2016 City Zip Code State Transaction ID: SA11AI.9851 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 461.44 Other (specify) Full Name (Last, First, Middle Initial) B. Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 04 29 2016 City State Zip Code Transaction ID: SA11AI.9950 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 490,28 Full Name (Last, First, Middle Initial) c. Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 05 06 2016 City Zip Code State Transaction ID: SA11AI.10048 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing С 28.84 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 519.12 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 78 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 2016 City Zip Code State Transaction ID: SA11AI.10148 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 547.96 Other (specify) Full Name (Last, First, Middle Initial) B. Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.10247 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 576.80 Full Name (Last, First, Middle Initial) c. Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 05 27 2016 City Zip Code State Transaction ID: SA11AI.10346 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing С 28.84 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 605.64 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Deeley C Middleton Mailing Address 213 St Dunstans Road City Baltimore FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21212 C Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼	Date of Receipt 06 03 2016 Transaction ID: SA11AI.10447 Amount of Each Receipt this Period 28.84 Memo Item
Full Name (Last, First, Middle Initial) B. Deeley C Middleton Mailing Address 213 St Dunstans Road City Baltimore FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) Other (specify)	State Zip Code MD 21212 C Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 663,32	Date of Receipt 06 10 2016 Transaction ID: SA11AI.10546 Amount of Each Receipt this Period 28.84 Memo Item
Full Name (Last, First, Middle Initial) Deeley C Middleton Mailing Address 213 St Dunstans Road City Baltimore FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21212 C Occupation Regional VP of Clinical Ops Aggregate Year-to-Date ▼ 692.16	Date of Receipt 06 17 2016 Transaction ID : SA11AI.10644 Amount of Each Receipt this Period 28.84 Memo Item
SUBTOTAL of Receipts This Page (optional)		86.52
TOTAL This Period (last page this line number	only)	

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Deeley C Middleton Date of Receipt Mailing Address 213 St Dunstans Road 2016 24 City Zip Code State Transaction ID: SA11AI.10741 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 721.00 Other (specify) Full Name (Last, First, Middle Initial) B. Eric Dwain Miller Date of Receipt Mailing Address 1406 Hemlock Hill Dr 06 10 2016 City State Zip Code Transaction ID: SA11AI.10547 NC Durham 27703 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name (Last, First, Middle Initial) c. Eric Dwain Miller Date of Receipt Mailing Address 1406 Hemlock Hill Dr 06 17 2016 City State Zip Code Transaction ID: SA11AI.10645 NC Durham 27703 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 48.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Eric Dwain Miller Date of Receipt Mailing Address 1406 Hemlock Hill Dr 2016 24 City Zip Code State Transaction ID: SA11AI.10742 NC Durham 27703 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Natalie M Miller Date of Receipt Mailing Address 14057 Montecello Dr 05 27 2016 City State Zip Code Transaction ID: SA11AI.10348 Cooksville MD 21723 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name (Last, First, Middle Initial) c. Natalie M Miller Date of Receipt Mailing Address 14057 Montecello Dr 06 03 2016 City Zip Code State Transaction ID: SA11AI.10449 MD Cooksville 21723 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Area VP Clinical Operations-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: F	PAGE 82 OF 131
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Detailed Summary Page	X 11a 11b 11	lc 12
	13 14 19	5

17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Natalie M Miller Date of Receipt Mailing Address 14057 Montecello Dr 10 2016 City Zip Code State Transaction ID: SA11AI.10548 MD Cooksville 21723 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Area VP Clinical Operations-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Natalie M Miller Date of Receipt Mailing Address 14057 Montecello Dr 06 2016 17 City State Zip Code Transaction ID: SA11AI.10646 Cooksville MD 21723 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name (Last, First, Middle Initial) c. Natalie M Miller Date of Receipt Mailing Address 14057 Montecello Dr 06 24 2016 City Zip Code State Transaction ID: SA11AI.10743 MD Cooksville 21723 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Area VP Clinical Operations-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jeffrey A Moore Date of Receipt Mailing Address 250 Worthy Drive 2016 27 City State Zip Code Transaction ID: SA11AI.10349 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation National Sales Director Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey A Moore Date of Receipt Mailing Address 250 Worthy Drive 06 03 2016 City State Zip Code Transaction ID: SA11AI.10450 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc National Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220,00 Full Name (Last, First, Middle Initial) c. Jeffrey A Moore Date of Receipt Mailing Address 250 Worthy Drive 10 06 2016 City Zip Code State Transaction ID: SA11AI.10549 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee.

230.00

Occupation

National Sales Director

Aggregate Year-to-Date ▼

Name of Employer

Primary

Receipt For:

Maxim Healthcare Services Inc

Other (specify)

General

Memo Item

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jeffrey A Moore Date of Receipt Mailing Address 250 Worthy Drive 2016 City Zip Code State Transaction ID: SA11AI.10647 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation National Sales Director Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey A Moore Date of Receipt Mailing Address 250 Worthy Drive 06 24 2016 City State Zip Code Transaction ID: SA11AI.10744 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc National Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Robert J Moran Date of Receipt Mailing Address 6430 Blenheim Road 05 27 2016 City Zip Code State Transaction ID: SA11AI.10351 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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П —	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any peaddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES I	NC POLIT	TICAL ACTION COMMITTE	EE (MAXIM HEALTHCARE PAC)
Α.	Full Name (Last, First, Middle Initial) Robert J Moran			Date of Receipt
	Mailing Address 6430 Blenheim Road			06 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Baltimore	State MD	Zip Code 21212	Transaction ID : SA11AI.10452 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer	Occupation		Memo Item
	Maxim Healthcare Services Inc Receipt For:	Area Vice F		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
— В.	Full Name (Last, First, Middle Initial) Robert J Moran			Date of Receipt
	Mailing Address 6430 Blenheim Road			06 10 2016
	City Baltimore	State MD	Zip Code 21212	Transaction ID : SA11AI.10551 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer Maxim Healthcare Services Inc	Occupation Area Vice F		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	
 С.	Full Name (Last, First, Middle Initial) Robert J Moran			Date of Receipt
	Mailing Address 6430 Blenheim Road			06 17 2016
	City Baltimore	State MD	Zip Code 21212	Transaction ID : SA11AI.10649 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer	Occupation	1	Memo Item
	Maxim Healthcare Services Inc	Area Vice I	President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	
s	UBTOTAL of Receipts This Page (optional)			30.00
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FOR LINE NUMBER: PAGE 86 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Robert J Moran Date of Receipt Mailing Address 6430 Blenheim Road 2016 24 City Zip Code State Transaction ID: SA11AI.10746 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** James Nichols Date of Receipt Mailing Address 296 Dandridge Dr. 05 27 2016 City State Zip Code Transaction ID: SA11AI.10354 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name (Last, First, Middle Initial) c. James Nichols Date of Receipt Mailing Address 296 Dandridge Dr. 06 03 2016 City Zip Code State Transaction ID: SA11AI.10455 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any peaddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES I	NC POLIT	TICAL ACTION COMMITTE	EE (MAXIM HEALTHCARE PAC)
Α.	Full Name (Last, First, Middle Initial) James Nichols			Date of Receipt
	Mailing Address 296 Dandridge Dr.	_		06 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.10554 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer Maxim Healthcare Services Inc	Occupation Area Vice F		Memo Item
	Receipt For:			-
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	
	Full Name (Last, First, Middle Initial) James Nichols			Date of Receipt
	Mailing Address 296 Dandridge Dr.			06 17 2016
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.10652 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer Maxim Healthcare Services Inc	Occupation Area Vice F		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
 с.	Full Name (Last, First, Middle Initial) James Nichols			Date of Receipt
	Mailing Address 296 Dandridge Dr.			06 24 2016
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.10749 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer	Occupation	1	Memo Item
	Maxim Healthcare Services Inc	Area Vice I	President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			30.00
т	OTAL This Period (last page this line number of	only)	>	

Name of Employer

Receipt For:

В.

C.

Maxim Healthcare Services Inc

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Occupation

Area Vice President

Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	
Full Name (Last, First, Middle Initial) Robert B Peaslee Mailing Address 210 Bentwood Ct City Salem FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code VA 24153 C Occupation Area Vice President Aggregate Year-to-Date ▼ 218.50	Date of Receipt 06 10 2016 Transaction ID: SA11AI.10556 Amount of Each Receipt this Period 9.50 Memo Item
Full Name (Last, First, Middle Initial) Robert B Peaslee Mailing Address 210 Bentwood Ct		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

State Zip Code City Transaction ID: SA11AI.10654 V٨ Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 9.50 federal political committee. Memo Item Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 228.00 Other (specify)

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Robert B Peaslee Date of Receipt Mailing Address 210 Bentwood Ct 2016 24 City Zip Code State Transaction ID: SA11AI.10751 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 9.50 federal political committee. Memo Item Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 237.50 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Pirtle Date of Receipt Mailing Address 2864 Lebonnett Dr 04 80 2016 City State Zip Code Transaction ID: SA11AI.9670 TX **Beaumont** 77705 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name (Last, First, Middle Initial) c. Paul Pirtle Date of Receipt Mailing Address 2864 Lebonnett Dr 04 15 2016 City Zip Code State Transaction ID: SA11AI.9767 TX Beaumont 77705 Amount of Each Receipt this Period FEC ID number of contributing С 15.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 39.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Paul Pirtle Date of Receipt Mailing Address 2864 Lebonnett Dr 04 2016 City State Zip Code Transaction ID: SA11AI.9864 TX 77705 Beaumont Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Pirtle Date of Receipt Mailing Address 2864 Lebonnett Dr 04 29 2016 City State Zip Code Transaction ID: SA11AI.9962 TX **Beaumont** 77705 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name (Last, First, Middle Initial) c. Paul Pirtle Date of Receipt Mailing Address 2864 Lebonnett Dr 05 06 2016 City Zip Code State Transaction ID: SA11AI.10060 TX Beaumont 77705 Amount of Each Receipt this Period FEC ID number of contributing С 15.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)

\rangle	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES II	NC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
١.	Full Name (Last, First, Middle Initial) Paul Pirtle Mailing Address 2864 Lebonnett Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Beaumont FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼	State Zip Code TX 77705 C Occupation Director of Business Ops Aggregate Year-to-Date ▼ 330.00	Transaction ID : SA11AI.10458 Amount of Each Receipt this Period 15.00 Memo Item
3.	Full Name (Last, First, Middle Initial) Paul Pirtle Mailing Address 2864 Lebonnett Dr City Beaumont FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code TX 77705 C Occupation Director of Business Ops Aggregate Year-to-Date ▼ 345.00	Date of Receipt M M M / D D / Y J Y J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.	Full Name (Last, First, Middle Initial) Paul Pirtle Mailing Address 2864 Lebonnett Dr City Beaumont FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code TX 77705 C Occupation Director of Business Ops Aggregate Year-to-Date ▼ 360.00	Date of Receipt M M M / D D / 2016 Transaction ID: SA11AI.10655 Amount of Each Receipt this Period 15.00 Memo Item
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NAME OF COMMITTEE (In Full)

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\rangle	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES II	NC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
۸.	Full Name (Last, First, Middle Initial) Michael Raney Mailing Address 300 Vale Drive		Date of Receipt
	City Wilmington	State Zip Code NC 28411	05 20 2016 Transaction ID : SA11AI.10261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) Other (specify)	Occupation Regional Vice President Aggregate Year-to-Date ▼ 532.00	28.00 Memo Item
3.	Full Name (Last, First, Middle Initial) Michael Raney Mailing Address 300 Vale Drive		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	City Wilmington FEC ID number of contributing federal political committee.	State Zip Code NC 28411	Transaction ID : SA11AI.10362 Amount of Each Receipt this Period 28.00
	Name of Employer Maxim Healthcare Services Inc	Occupation Regional Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
).	Full Name (Last, First, Middle Initial) Michael Raney Mailing Address 300 Vale Drive		Date of Receipt
	City Wilmington FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code NC 28411 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 588.00	Transaction ID : SA11AI.10461 Amount of Each Receipt this Period 28.00 Memo Item
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Full Name (Last, First, Middle Initial)		
Laura J Riddle		Date of Receipt
Mailing Address 39 Blake Rd.		04 15 2016
City	State Zip Code	Transaction ID : SA11AI.9772
Epping	NH 03042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	

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Full Name (Last, First, Middle Initial) Laura J Riddle		Date of Receipt
Mailing Address 39 Blake Rd.		05 06 2016 _
City	State Zip Code	Transaction ID : SA11AI.10066
Epping	NH 03042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	450.00	

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75.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A Laura L Riddle

		,
Full Name (Last, First, Middle Initial) Laura J Riddle Mailing Address 39 Blake Rd.		Date of Receipt
City Epping	State Zip Code NH 03042	06 03 2016 Transaction ID : SA11AI.10464 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00 Memo Item
Name of Employer Maxim Healthcare Services Inc	Occupation Area Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Laura J Riddle Mailing Address 39 Blake Rd.		Date of Receipt
City	State Zip Code	06 10 2016 Transaction ID : SA11AI.10563
Epping FEC ID number of contributing federal political committee.	NH 03042	Amount of Each Receipt this Period 25.00
Name of Employer Maxim Healthcare Services Inc	Occupation Area Vice President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	
Full Name (Last, First, Middle Initial) Laura J Riddle Mailing Address 39 Blake Rd.		Date of Receipt
City Epping	State Zip Code NH 03042	06 17 2016 Transaction ID : SA11AI.10661 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Maxim Healthcare Services Inc	Occupation Area Vice President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMITT	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Charles M Schevitz Mailing Address 204 Ritterslea Court City Owings Mills FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21117 C Occupation Senior Director - Employee Rel Aggregate Year-to-Date ▼ 220.00	Date of Receipt 06 03 2016 Transaction ID: SA11AI.10467 Amount of Each Receipt this Period 10.00 Memo Item
Full Name (Last, First, Middle Initial) Charles M Schevitz Mailing Address 204 Ritterslea Court City Owings Mills FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21117 C Occupation Senior Director - Employee Rel Aggregate Year-to-Date ▼ 230.00	Date of Receipt 06 10 2016 Transaction ID: SA11AI.10566 Amount of Each Receipt this Period 10.00 Memo Item
Full Name (Last, First, Middle Initial) Charles M Schevitz Mailing Address 204 Ritterslea Court City Owings Mills FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21117 C Occupation Senior Director - Employee Rel Aggregate Year-to-Date ▼ 240.00	Date of Receipt Mark
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	INC POLITICAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Charles M Schevitz Mailing Address 204 Ritterslea Court City Owings Mills	State Zip Code MD 21117	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	Occupation Senior Director - Employee Rel Aggregate Year-to-Date ▼ 250.00	Memo Item
Full Name (Last, First, Middle Initial) Christopher Sipes Mailing Address 9016 Sunni Shade Ct City Perry Hall FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary Other (specify)	State Zip Code MD 21128 C Occupation Vice President: Reg Finance Aggregate Year-to-Date ▼ 210.00	Date of Receipt 05 27 2016 Transaction ID: SA11AI.10370 Amount of Each Receipt this Period 10.00 Memo Item
Full Name (Last, First, Middle Initial) C. Christopher Sipes Mailing Address 9016 Sunni Shade Ct City Perry Hall FEC ID number of contributing federal political committee. Name of Employer Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21128 C Occupation Vice President: Reg Finance Aggregate Year-to-Date ▼ 220.00	Date of Receipt 06 03 2016 Transaction ID: SA11AI.10469 Amount of Each Receipt this Period 10.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		

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Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Christopher Sipes Date of Receipt Mailing Address 9016 Sunni Shade Ct 10 2016 City Zip Code State Transaction ID: SA11AI.10568 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Vice President: Reg Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Sipes Date of Receipt Mailing Address 9016 Sunni Shade Ct 06 2016 17 City State Zip Code Transaction ID: SA11AI.10666 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240,00 Full Name (Last, First, Middle Initial) c. Christopher Sipes Date of Receipt Mailing Address 9016 Sunni Shade Ct 06 24 2016 City Zip Code State Transaction ID: SA11AI.10763 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 107 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) John P Smalley Date of Receipt Mailing Address 4535 N Camino del Obispo 2016 27 City Zip Code State Transaction ID: SA11AI.10371 Tucson ΑZ 85718 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. John P Smalley Date of Receipt Mailing Address 4535 N Camino del Obispo 06 03 2016 City State Zip Code Transaction ID: SA11AI.10470 ΑZ Tucson 85718 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220,00 Full Name (Last, First, Middle Initial) c. John P Smalley Date of Receipt Mailing Address 4535 N Camino del Obispo 06 10 2016 City Zip Code State Transaction ID: SA11AI.10569 ΑZ Tucson 85718 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 108 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) John P Smalley Date of Receipt Mailing Address 4535 N Camino del Obispo 2016 City Zip Code State Transaction ID: SA11AI.10667 Tucson ΑZ 85718 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. John P Smalley Date of Receipt Mailing Address 4535 N Camino del Obispo 06 24 2016 City State Zip Code Transaction ID: SA11AI.10764 ΑZ Tucson 85718 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Nathan Speer Date of Receipt Mailing Address 524 Toledo Dr 05 27 2016 City Zip Code State Transaction ID: SA11AI.10376 PΑ Lowe Burrell 15068 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation **Director - National Accounts** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 109 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Nathan Speer Date of Receipt Mailing Address 524 Toledo Dr 2016 0.3 City Zip Code State Transaction ID: SA11AI.10475 PΑ Lowe Burrell 15068 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Director - National Accounts Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nathan Speer Date of Receipt Mailing Address 524 Toledo Dr 06 10 2016 City State Zip Code Transaction ID: SA11AI.10574 PA Lowe Burrell 15068 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc **Director - National Accounts** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230,00 Full Name (Last, First, Middle Initial) c. Nathan Speer Date of Receipt Mailing Address 524 Toledo Dr 06 17 2016 City Zip Code State Transaction ID: SA11AI.10672 PΑ Lowe Burrell 15068 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation **Director - National Accounts** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Nathan Speer Date of Receipt Mailing Address 524 Toledo Dr 2016 24 City Zip Code State Transaction ID: SA11AI.10769 PΑ Lowe Burrell 15068 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Director - National Accounts Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew A Sticklin Date of Receipt Mailing Address 3410 Toone St 06 10 2016 City State Zip Code Transaction ID: SA11AI.10576 MD **Baltimore** 21224 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name (Last, First, Middle Initial) c. Matthew A Sticklin Date of Receipt Mailing Address 3410 Toone St 06 17 2016 City Zip Code State Transaction ID: SA11AI.10674 MD **Baltimore** 21224 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Matthew A Sticklin Date of Receipt Mailing Address 3410 Toone St 2016 24 City Zip Code State Transaction ID: SA11AI.10771 MD **Baltimore** 21224 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 04 01 2016 City State Zip Code Transaction ID: SA11AI.9595 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 390,00 Full Name (Last, First, Middle Initial) c. Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 80 04 2016 City State Zip Code Transaction ID: SA11AI.9692 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 112 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 04 2016 City Zip Code State Transaction ID: SA11AI.9789 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 04 22 2016 City State Zip Code Transaction ID: SA11AI.9888 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480,00 Full Name (Last, First, Middle Initial) c. Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 04 29 2016 City State Zip Code Transaction ID: SA11AI.9985 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 2016 06 City Zip Code State Transaction ID: SA11AI.10084 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 05 13 2016 City State Zip Code Transaction ID: SA11AI.10183 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 570,00 Full Name (Last, First, Middle Initial) c. Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 20 05 2016 City State Zip Code Transaction ID: SA11AI.10282 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	ES INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Nancy Walker Mailing Address 1276 High Mesa Drive		Date of Receipt
		05 27 2016
City Alto	State Zip Code NM 88312	Transaction ID : SA11AI.10383
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) Nancy Walker	•	Date of Receipt
Mailing Address 1276 High Mesa Drive		M = M / D = D / Y = Y = Y
City Alto	State Zip Code NM 88312	7 Transaction ID : SA11AI.10482 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer Maxim Healthcare Services Inc	Occupation Regional VP of Clinical Ops	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) C. Nancy Walker		Date of Receipt
Mailing Address 1276 High Mesa Drive		06 10 2016
City Alto	State Zip Code NM 88312	Transaction ID : SA11AI.10581 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Memo Item
Maxim Healthcare Services Inc	Regional VP of Clinical Ops	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	690.00	
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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 2016 City Zip Code State Transaction ID: SA11AI.10679 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Nancy Walker Date of Receipt Mailing Address 1276 High Mesa Drive 06 24 2016 City State Zip Code Transaction ID: SA11AI.10776 NM Alto 88312 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750,00 Full Name (Last, First, Middle Initial) c. Daniel P Wallace Date of Receipt Mailing Address 424 Brewer Ave. 05 27 2016 City State Zip Code Transaction ID: SA11AI.10384 OH Akron 44305 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Daniel P Wallace Date of Receipt Mailing Address 424 Brewer Ave. 2016 0.3 City Zip Code State Transaction ID: SA11AI.10483 OH Akron 44305 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel P Wallace Date of Receipt Mailing Address 424 Brewer Ave. 06 10 2016 City State Zip Code Transaction ID: SA11AI.10582 OH Akron 44305 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230,00 Full Name (Last, First, Middle Initial) c. Daniel P Wallace Date of Receipt Mailing Address 424 Brewer Ave. 06 17 2016 City Zip Code State Transaction ID: SA11AI.10680 OH Akron 44305 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Patricia L Weiss Date of Receipt Mailing Address 139 Suburban Road 2016 10 City Zip Code State Transaction ID: SA11AI.10583 TN Knoxville 37923 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Area VP of Clinical Ops. Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia L Weiss Date of Receipt Mailing Address 139 Suburban Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.10681 TN Knoxville 37923 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area VP of Clinical Ops. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240,00 Full Name (Last, First, Middle Initial) c. Patricia L Weiss Date of Receipt Mailing Address 139 Suburban Road 06 24 2016 Zip Code City State Transaction ID: SA11AI.10778 TN Knoxville 37923 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Area VP of Clinical Ops. Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General

250.00

FE6AN026

Other (specify)

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

30.00

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Matthew J Wilkinson Date of Receipt Mailing Address 813 Foxfire Dr 2016 06 City Zip Code State Transaction ID: SA11AI.10087 Louisville KY 40223 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew J Wilkinson Date of Receipt Mailing Address 813 Foxfire Dr. 05 13 2016 City State Zip Code Transaction ID: SA11AI.10186 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220,00 Full Name (Last, First, Middle Initial) c. Matthew J Wilkinson Date of Receipt Mailing Address 813 Foxfire Dr 20 05 2016 City Zip Code State Transaction ID: SA11AI.10285 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	NC POLITICA	L ACTION COMMITT	EE (MAXIM HEALTHCARE PAC)
۹.	Full Name (Last, First, Middle Initial) Matthew J Wilkinson			Date of Receipt
	Mailing Address 813 Foxfire Dr			05 27 2016 The state of the sta
	City Louisville		Zip Code 40223	Transaction ID : SA11AI.10386
	FEC ID number of contributing rederal political committee.	C	10220	Amount of Each Receipt this Period
	Name of Employer	Occupation		Memo Item
	Maxim Healthcare Services Inc	Area Vice Presid	ent	
	Receipt For:	Aggregate Year-	to-Date ▼	
	Primary General Other (specify) ▼		240.00	
	Full Name (Last, First, Middle Initial) Matthew J Wilkinson			Date of Receipt
	Mailing Address 813 Foxfire Dr			06 03 2016
	City		Zip Code	Transaction ID : SA11AI.10485
	Louisville	KY .	40223	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		10.00
	Name of Employer Maxim Healthcare Services Inc	Occupation Area Vice Preside	ent	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
—).	Full Name (Last, First, Middle Initial) Matthew J Wilkinson			Date of Receipt
	Mailing Address 813 Foxfire Dr			06 10 2016
	City Louisville		Zip Code 40223	Transaction ID : SA11AI.10584 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		10.00
	Name of Employer	Occupation		Memo Item
	Maxim Healthcare Services Inc	Area Vice Presid	ent	
	Receipt For:	Aggregate Year-	to-Date ▼	
	Primary General Other (specify) ▼		260.00	
SI	JBTOTAL of Receipts This Page (optional)			30.00

	FOR LINE NUMBER: PAGE 121 (OF 131
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c 12	
	13 14 15 16	17

17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Matthew J Wilkinson Date of Receipt Mailing Address 813 Foxfire Dr 2016 City Zip Code State Transaction ID: SA11AI.10682 Louisville KY 40223 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew J Wilkinson Date of Receipt Mailing Address 813 Foxfire Dr 06 24 2016 City State Zip Code Transaction ID: SA11AI.10779 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 280,00 Full Name (Last, First, Middle Initial) **c.** Brian Womack Date of Receipt Mailing Address 7807 Empire Ct 05 27 2016 City Zip Code State Transaction ID: SA11AI.10387 OH Toledo 43528 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 122 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Brian Womack Date of Receipt Mailing Address 7807 Empire Ct 2016 0.3 City Zip Code State Transaction ID: SA11AI.10486 OH Toledo 43528 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Womack Date of Receipt Mailing Address 7807 Empire Ct 06 10 2016 City State Zip Code Transaction ID: SA11AI.10585 OH Toledo 43528 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230,00 Full Name (Last, First, Middle Initial) **c.** Brian Womack Date of Receipt Mailing Address 7807 Empire Ct 06 17 2016 City Zip Code State Transaction ID: SA11AI.10683 OH Toledo 43528 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 123 OF	131
Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11b	11c 12	
	13 14	15 16 F	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Brian Womack Date of Receipt Mailing Address 7807 Empire Ct 24 2016 City State Zip Code Transaction ID: SA11AI.10780 OH Toledo 43528 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial)

В.	Joel Zdarko		Date of Receipt
	Mailing Address 1439 Harlan Dr.	Chata Zin Coala	05 27 2016
	City	State Zip Code	Transaction ID : SA11AI.10389
	Danville	CA 94526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer	Occupation	Memo Item
	Maxim Healthcare Services Inc	Area Vice President	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	210.00	
C.	Full Name (Last, First, Middle Initial) Joel Zdarko Mailing Address 1439 Harlan Dr.		Date of Receipt
	T		06 03 2016
	City	State Zip Code	Transaction ID : SA11AI.10488
	Danville	CA 94526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer	Occupation	Memo Item
	Maxim Healthcare Services Inc	Area Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	220.00	
	NIDTOTAL of Descripts This Descriptions		30.00

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

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

FOR LINE NUMBER: PAGE 124 OF 131 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Joel Zdarko Date of Receipt Mailing Address 1439 Harlan Dr. 10 2016 City Zip Code State Transaction ID: SA11AI.10587 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joel Zdarko Date of Receipt Mailing Address 1439 Harlan Dr. 06 2016 17 City State Zip Code Transaction ID: SA11AI.10685 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240,00 Full Name (Last, First, Middle Initial) **c.** Joel Zdarko Date of Receipt Mailing Address 1439 Harlan Dr. 06 24 2016 City Zip Code State Transaction ID: SA11AI.10782 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer Occupation Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... 7147.02 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	•
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 2 28a 28b 28c 29 3
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	· ·		
Full Name (Last, First, Middle Initial) A. BB&T			Date of Disbursement
Mailing Address 300 S Washington St			06 30 2016
City S Alexandria Purpose of Disbursement	State Zip Code VA 22314		Transaction ID : SB21B.9480
Bank Fees for the Reporting Period			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	136.00
	nent For: Primary General Other (specify)		Memo Item
State: District:			
Full Name (Last, First, Middle Initial) 3.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	1		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
President	nent For: Primary General Other (specify)		Memo Item
State: District: Full Name (Last, First, Middle Initial)			
2.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	1		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)			136.00

SCHEDULE B (FEC Form 3X)	Hee concerts activities	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 36
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	•		
Full Name (Last, First, Middle Initial)			Data of Dishuranment
A. PALLONE FOR CONGRESS Mailing Address PO BOX 3176			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	7:- 0-4-		
City S LONG BRANCH	State Zip Code NJ 07740		Transaction ID : SB23.9476
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name FRANK PALLONE JR		Category/ Type	2500.00
Senate President	nent For: 2016 Primary General Other (specify)		Memo Item
State: NJ District: 06			
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
President	nent For: Primary General Other (specify) ▼		Memo Item
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	71.	Memo Item
			2500.00
SUBTOTAL of Disbursements This Page (optional)		······	2500.00
TOTAL This Period (last page this line number only)			2500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	_
	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 26 28c X 29 30
Any information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	•		
Full Name (Last, First, Middle Initial)			Data of Diebura
A. Afendoulis Leadership Fund			Date of Disbursement
Mailing Address 240 Edgehill Ave Se			05 18 2016
City Grand Rapids	State Zip Code MI 49525		Transaction ID : SB29.9490
Grand Rapids Purpose of Disbursement	1011 49525		
Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
	ement For:	туре	Memo Item
Senate President	Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
Build PA PAC			Date of Disbursement
Mailing Address P.O. Box 412			04 04 2016
City	State Zip Code		Transaction ID : SB29.9482
Harrisburg Purpose of Disbursement	PA 17108		
Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
	ement For:		Memo Item
Senate	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. Committee to Elect Mike Shirkey			Date of Disbursement
Mailing Address 11757 Sutfin Rd			05 18 2016
City	State Zip Code		Transaction ID : SB29.9493
Clarkelake Purpose of Disbursement	MI 49234		11a115aCtiOi1 ID . 3DZ3.3433
Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Office Sought: House Disburs	ement For:	Туре	
Senate	Primary General		Memo Item
President	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			3000.00
			7 7
TOTAL This Period (last page this line number on	y)		

TEMIZED DISBURSEMENTS	Llos congreto cohodulo(o)	LINE NUMBER: PAGE 128 OF 131 conly one) 21b 22 23 24 25 26 27 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used by any e and address of any political commit	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	POLITICAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) A. Curtis Hertel Jr for Senate Mailing Address 2747 Southwood Dr		Date of Disbursement M
City S East Lansing	tate Zip Code MI 48823	Transaction ID : SB29.9494
Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Disbursem	Categor Type ent For:	Amount of Each Disbursement this Period y/ 1000.00 Memo Item
	Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) 3. Friends of Bill Adolph Mailing Address P.O. Box 303		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	tate Zip Code PA 19064	Transaction ID : SB29.9484 Amount of Each Disbursement this Period
	Categor Type ent For: Primary General Other (specify) ▼	1000.00 Memo Item
Full Name (Last, First, Middle Initial) Friends of Joe Scarnati		Date of Disbursement
,	tate Zip Code PA 15824	Transaction ID : SB29.9486
Candidate Name Office Sought: House Disbursem	Categor Type ent For:	1000.00
Senate President	Primary General Other (specify)	Memo Item
State: District:		
State: District: SUBTOTAL of Disbursements This Page (optional)	· · · · · ·	3000.00

SCHEDULE B (FEC Form 3X)	Use separate scl	hadula(s)	FOR LINE N	-
TEMIZED DISBURSEMENTS	for each category	y of the	(check only 21b	one) 22 23 24 25 26
	Detailed Summa	ry Page	27	28a 28b 28c X 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	POLITICAL AC	CTION CO	MMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)				Date of Disbursement
A. Hildenbrand Leadership Fund				Mam / Dad / Yayayay
Mailing Address 2700 Timpson Ave Se				05 26 2016
City S	State Zip Co MI 49331			Transaction ID : SB29.9502
Purpose of Disbursement Non-federal Political Contribution		Г		Amount of Each Disbursement this Period
Candidate Name			Category/	
Office Sought: House Disbursen	nent For:		Type	500.00
Senate	Primary	General		Memo Item
State: President State:	Other (specify)			
Full Name (Last, First, Middle Initial)	•			
 House Republican Campaign Com 	mittee			Date of Disbursement
Mailing Address P.O. Box 1035				05 18 2016
City S Lansing	State Zip Co MI 4890			Transaction ID : SB29.9497
Purpose of Disbursement Non-federal Political Contribution		Г		Amount of Each Disbursement this Period
Purpose of Disbursement			Category/	Amount of Each Disbursement this Period
Purpose of Disbursement Non-federal Political Contribution	nent For:		Category/ Type	Amount of Each Disbursement this Period 1000.00 Memo Item
Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Disbursen Senate		General		1000.00
Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Senate President State: District:	Primary			1000.00
Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Disbursen Senate President	Primary			1000.00 Memo Item Date of Disbursement
Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Primary			1000.00 Memo Item
Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Marleau for Michigan Mailing Address 1214 Chester Rd	Primary ☐ C Other (specify) ▼ State Zip Cc	General		Date of Disbursement
Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Marleau for Michigan Mailing Address 1214 Chester Rd City Senate President State: Senate Presid	Primary ☐ G Other (specify) ▼	General		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Marleau for Michigan Mailing Address 1214 Chester Rd City Sanate President State: Senate Presid	Primary ☐ C Other (specify) ▼ State Zip Cc	General ode 2	Type Category/	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Marleau for Michigan Mailing Address 1214 Chester Rd City Senate City Senate City Senate City Candidate Name Office Sought: House Disbursement Non-federal Political Contribution Candidate Name	Primary ☐ C Other (specify) ▼ State Zip Cc MI 48912	General ode 2	Type	Date of Disbursement Mod / Dod / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Marleau for Michigan Mailing Address 1214 Chester Rd City Senate Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Senate President Disbursement Non-federal Political Contribution	Primary ☐ C Other (specify) ▼ State Zip Cc MI 48912	General ode 2	Type Category/	Date of Disbursement Mos / Dob / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Marleau for Michigan Mailing Address 1214 Chester Rd City Senate City Lansing Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Senate Senate	Primary ☐ G Other (specify) ▼ State Zip Co MI 48912 nent For: Primary ☐ G	General ode 2	Type Category/	Date of Disbursement Mos / Dob / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Marleau for Michigan Mailing Address 1214 Chester Rd City Senate Purpose of Disbursement Non-federal Political Contribution Candidate Name Office Sought: House Senate President Disbursement Non-federal Political Contribution	Primary	General Ode 2	Type Category/ Type	Date of Disbursement Mos / Dob / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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SCHEDULE B (FEC Form 3X)	Harananaha I. I. C.	FOR LINE I	NUMBER: PAGE 130 OF 131
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	•		
Full Name (Last, First, Middle Initial)			Date of Disbursement
- Michigan House Democratic Fund			M M / D D / Y Y Y Y
Mailing Address P.O. Box 16193			05 26 2016
,	State Zip Code MI 48901		Transaction ID : SB29.9500
Purpose of Disbursement Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name	1	Category/ Type	1000.00
	nent For: Primary General Other (specify)	.,,,,,	Memo Item
State: District:	• • • •		
Full Name (Last, First, Middle Initial) - Moving Michigan Forward 2 Mailing Address 106 W Allegan St, Ste 200			Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement
,	itate Zip Code MI 48933		Transaction ID : SB29.9501
Purpose of Disbursement Non-federal Political Contribution			Assessment of Foods Disharmon and this Davied
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 500.00
	nent For: Primary General Other (specify)) i ·	Memo Item
State: District:			
Full Name (Last, First, Middle Initial) - Senate Democratic Fund			Date of Disbursement
Mailing Address P.O. Box 1111			05 18 2016
•	State Zip Code MI 48909		Transaction ID : SB29.9498
Purpose of Disbursement Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name	'	Category/ Type	1000.00
President	nent For: Primary General Other (specify)		Memo Item
State: District:			
SUBTOTAL of Disbursements This Page (optional)			2500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Harana and Addition	FOR LINE	NUMBER: PAGE 131 OF 13
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC			
Full Name (Last, First, Middle Initial)	•		Data of Dishuranment
Senate Republican Campaign Con Mailing Address P.O. Box 676	nmittee 		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		
City S Lansing	MI 48901		Transaction ID: SB29.9496
Purpose of Disbursement Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	.,,,,	Memo Item
State: District:			
Full Name (Last, First, Middle Initial) B. VerHeulen Leadership Fund			Date of Disbursement
Mailing Address 4167 Imperial Drive			05 18 2016
Walker	State Zip Code MI 49534		Transaction ID : SB29.9488
Purpose of Disbursement Non-federal Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1500.00
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		Memo Item
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)	Nr.	Memo Item
State: District:			
SUBTOTAL of Disbursements This Page (optional)			2500.00
			12500.00
TOTAL This Period (last page this line number only)	1		13500.00