

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

Office Use Only

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

12FE4M5

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

ADDRESS (number and street) ▼

228 S Washington St

Suite 115

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00558932

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

04

01

2016

through

M M M /

D D D /

Y Y Y Y Y Y

06

30

2016

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

Type or Print Name of Treasurer David Satterfield

Signature of Treasurer

David Satterfield

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

07

15

2016

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		23610.00
(b) Cash on Hand at Beginning of Reporting Period.....	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
8. 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	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7147.02	15014.06
(ii) Unitemized	5617.96	15515.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12764.98	30529.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12764.98	30529.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12764.98	30529.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12764.98	30529.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	186.56	322.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	186.56	322.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	13500.00	14850.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16186.56	17672.56
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12764.98	30529.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12764.98	30529.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	186.56	322.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	186.56	322.56

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 131

☒ 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)

A. Haven Andrews

Mailing Address 2 Tatnuck Ter

City
Worcester

State
MA

Zip Code
01602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10590

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Haven Andrews

Mailing Address 2 Tatnuck Ter

City
Worcester

State
MA

Zip Code
01602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10688

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City
Baltimore

State
MD

Zip Code
21217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

04 / 01 / 2016

Transaction ID : SA11AI.9508

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

50.00

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

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

FOR LINE NUMBER: PAGE 7 OF 131

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.9605

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.9702

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.9798

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : SA11AI.9897

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.9994

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : SA11AI.10094

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 9 OF 131

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.10193

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11AI.10292

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.10393

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

90.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 OF 131

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.10492

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.10591

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin D Apperson

Mailing Address 2235 Eutaw Place

City State Zip Code
 Baltimore MD 21217

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : SA11AI.10689

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

90.00

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

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

Use separate schedule(s)
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(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Christopher Bodmer

Mailing Address 903 Sill Ridge Drive

City State Zip Code
 O'Fallon MO 63368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11AI.10297

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher Bodmer

Mailing Address 903 Sill Ridge Drive

City State Zip Code
 O'Fallon MO 63368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.10398

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher Bodmer

Mailing Address 903 Sill Ridge Drive

City State Zip Code
 O'Fallon MO 63368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.10497

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Christopher Bodmer

Mailing Address 903 Sill Ridge Drive

City

O'Fallon

State

MO

Zip Code

63368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10596

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher Bodmer

Mailing Address 903 Sill Ridge Drive

City

O'Fallon

State

MO

Zip Code

63368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10694

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew Brusaschetti

Mailing Address 4708 Durham Court

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 27 / 2016

Transaction ID : SA11AI.10299

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrew Brusaschetti

Mailing Address 4708 Durham Court

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.10400

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew Brusaschetti

Mailing Address 4708 Durham Court

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11AI.10499

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew Brusaschetti

Mailing Address 4708 Durham Court

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10598

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrew Brusaschetti

Mailing Address 4708 Durham Court

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10696

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City

Riva

State

MD

Zip Code

21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

04 / 01 / 2016

Transaction ID : SA11AI.9518

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City

Riva

State

MD

Zip Code

21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

04 / 08 / 2016

Transaction ID : SA11AI.9615

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

70.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.9712

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.9808

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : SA11AI.9907

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

90.00

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

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

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

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

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

Full Name (Last, First, Middle Initial)

A. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.10005

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : SA11AI.10105

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.10204

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

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

Full Name (Last, First, Middle Initial)

A. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
Riva MD 21140

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11AI.10303

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
Riva MD 21140

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.10404

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
Riva MD 21140

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10503

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10602

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10700

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Susan K Crawn

Mailing Address 1045 Braewick Cir. NW

City State Zip Code
 Massillon OH 44646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP Clinical Operations-1M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 27 / 2016

Transaction ID : SA11AI.10308

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

70.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial)

A. Susan K Crown

Mailing Address 1045 Braewick Cir. NW

City

Massillon

State

OH

Zip Code

44646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP Clinical Operations-1M

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.10409

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Susan K Crown

Mailing Address 1045 Braewick Cir. NW

City

Massillon

State

OH

Zip Code

44646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP Clinical Operations-1M

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10508

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Susan K Crown

Mailing Address 1045 Braewick Cir. NW

City

Massillon

State

OH

Zip Code

44646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP Clinical Operations-1M

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.10607

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

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

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

PAGE 20 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Susan K Crown

Mailing Address 1045 Braewick Cir. NW

City State Zip Code
 Massillon OH 44646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP Clinical Operations-1M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : SA11AI.10705

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : SA11AI.9526

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.9623

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

70.00

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

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

FOR LINE NUMBER:
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PAGE 21 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.9720

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.9816

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : SA11AI.9915

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 22 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.10013

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : SA11AI.10113

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.10212

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11AI.10311

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.10412

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.10511

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.10610

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : SA11AI.10708

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.9624

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

75.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.9721

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.9817

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : SA11AI.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)..... ►

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

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

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

Full Name (Last, First, Middle Initial)

A. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 06 / 2016

Transaction ID : SA11AI.10014

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

05 / 13 / 2016

Transaction ID : SA11AI.10114

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 20 / 2016

Transaction ID : SA11AI.10213

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11AI.10312

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.10413

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.10512

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)..... ►

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.10611

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : SA11AI.10709

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Micah Ensor

Mailing Address 6965 Old River Road

City State Zip Code
 Nashville TN 37209

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Field Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11AI.10315

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

40.00

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

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

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial)

A. Micah Ensor

Mailing Address 6965 Old River Road

City

Nashville

State

TN

Zip Code

37209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Field Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11Al.10416

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Micah Ensor

Mailing Address 6965 Old River Road

City

Nashville

State

TN

Zip Code

37209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Field Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11Al.10515

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Micah Ensor

Mailing Address 6965 Old River Road

City

Nashville

State

TN

Zip Code

37209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Field Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11Al.10614

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Micah Ensor

Mailing Address 6965 Old River Road

City

Nashville

State

TN

Zip Code

37209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Field Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.10712

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amy Feldman

Mailing Address 10711 Huntwood Drive

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11AI.10316

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amy Feldman

Mailing Address 10711 Huntwood Drive

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.10417

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Amy Feldman

Mailing Address 10711 Huntwood Drive

City State Zip Code
 Silver Spring MD 20901

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Maxim Healthcare Services Inc

Occupation
 Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11AI.10516

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amy Feldman

Mailing Address 10711 Huntwood Drive

City State Zip Code
 Silver Spring MD 20901

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Maxim Healthcare Services Inc

Occupation
 Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10615

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amy Feldman

Mailing Address 10711 Huntwood Drive

City State Zip Code
 Silver Spring MD 20901

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Maxim Healthcare Services Inc

Occupation
 Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10713

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial)

A. Elizabeth D Fernie

Mailing Address 130 Cheswood Manor Dr

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11AI.10317

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth D Fernie

Mailing Address 130 Cheswood Manor Dr

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.10418

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth D Fernie

Mailing Address 130 Cheswood Manor Dr

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10517

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Elizabeth D Fernie

Mailing Address 130 Cheswood Manor Dr

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10616

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth D Fernie

Mailing Address 130 Cheswood Manor Dr

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10714

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kris Frank

Mailing Address 4771 Marlborough Way

City

Carmichael

State

CA

Zip Code

95608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 27 / 2016

Transaction ID : SA11AI.10319

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kris Frank

Mailing Address 4771 Marlborough Way

City State Zip Code
 Carmichael CA 95608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.10420

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kris Frank

Mailing Address 4771 Marlborough Way

City State Zip Code
 Carmichael CA 95608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11AI.10519

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kris Frank

Mailing Address 4771 Marlborough Way

City State Zip Code
 Carmichael CA 95608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10618

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kris Frank

Mailing Address 4771 Marlborough Way

City State Zip Code
 Carmichael CA 95608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : SA11AI.10715

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
 Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : SA11AI.9535

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
 Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.9632

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

70.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial)

A. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
 Columbia MD 21046

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.9729

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
 Columbia MD 21046

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.9825

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
 Columbia MD 21046

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 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)..... ►

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.10022

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11AI.10122

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.10221

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

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

Full Name (Last, First, Middle Initial)

A. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11AI.10320

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.10421

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
Columbia MD 21046

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10520

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
 Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.10619

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew Friedell

Mailing Address 7227 Lee Deforest Drive

City State Zip Code
 Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : SA11AI.10716

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City State Zip Code
 Lutherville MD 21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : SA11AI.9539

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

04 / 08 / 2016

Transaction ID : SA11AI.9636

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 15 / 2016

Transaction ID : SA11AI.9733

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 22 / 2016

Transaction ID : SA11AI.9829

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

Use separate schedule(s)
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Detailed Summary Page

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PAGE 41 OF 131

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

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

Full Name (Last, First, Middle Initial)

A. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2016

Transaction ID : SA11AI.9928

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.10026

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11AI.10126

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial)

A. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 20 / 2016

Transaction ID : SA11AI.10225

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 27 / 2016

Transaction ID : SA11AI.10324

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.10425

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 131

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

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

Full Name (Last, First, Middle Initial)

A. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11AI.10524

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10622

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10719

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Garrett Ryan Goad

Mailing Address 4734 Crater Rim Rd

City State Zip Code
 Carlsbad CA 92010

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11AI.10325

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Garrett Ryan Goad

Mailing Address 4734 Crater Rim Rd

City State Zip Code
 Carlsbad CA 92010

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.10426

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Garrett Ryan Goad

Mailing Address 4734 Crater Rim Rd

City State Zip Code
 Carlsbad CA 92010

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.10525

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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Full Name (Last, First, Middle Initial)

A. Garrett Ryan Goad

Mailing Address 4734 Crater Rim Rd

City State Zip Code
 Carlsbad CA 92010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.10623

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Garrett Ryan Goad

Mailing Address 4734 Crater Rim Rd

City State Zip Code
 Carlsbad CA 92010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : SA11AI.10720

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : SA11AI.9541

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

50.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Full Name (Last, First, Middle Initial)

A. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.9638

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.9735

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.9831

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 131

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Mailing Address 6484 Mountain Sky Road

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 Frisco TX 75034

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 29 2016

Transaction ID : SA11AI.9930

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 06 2016

Transaction ID : SA11AI.10028

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 13 2016

Transaction ID : SA11AI.10128

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

90.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Full Name (Last, First, Middle Initial)

A. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.10227

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11AI.10326

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.10427

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Full Name (Last, First, Middle Initial)

A. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
Frisco TX 75034

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10526

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
Frisco TX 75034

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.10624

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
Frisco TX 75034

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.10721

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Manchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA11AI.9545

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Manchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.9642

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Manchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.9739

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

Full Name (Last, First, Middle Initial)

A. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Manchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

04 / 22 / 2016

Transaction ID : SA11AI.9835

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Manchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

04 / 29 / 2016

Transaction ID : SA11AI.9934

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Manchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

05 / 06 / 2016

Transaction ID : SA11AI.10032

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Full Name (Last, First, Middle Initial)

A. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

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MD

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FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

05 / 13 / 2016

Transaction ID : SA11AI.10132

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Manchester

State

MD

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FEC ID number of contributing
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C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 20 / 2016

Transaction ID : SA11AI.10231

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Manchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

05 / 27 / 2016

Transaction ID : SA11AI.10330

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Full Name (Last, First, Middle Initial)

A. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
 Manchester MD 21102

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Maxim Healthcare Services Inc VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.10431

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
 Manchester MD 21102

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Maxim Healthcare Services Inc VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.10530

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
 Manchester MD 21102

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Maxim Healthcare Services Inc VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.10628

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

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PAGE 54 OF 131

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

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Full Name (Last, First, Middle Initial)

A. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
 Manchester MD 21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : SA11AI.10725

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City State Zip Code
 Phoenix MD 21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : SA11AI.9547

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City State Zip Code
 Phoenix MD 21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.9644

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

70.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.9741

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.9837

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2016

Transaction ID : SA11AI.9936

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City State Zip Code
 Phoenix MD 21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.10034

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City State Zip Code
 Phoenix MD 21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : SA11AI.10134

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City State Zip Code
 Phoenix MD 21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.10233

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

B. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11AI.10532

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City State Zip Code
 Phoenix MD 21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10630

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bart A Kelly

Mailing Address 13715 Summer Hill Dr.

City State Zip Code
 Phoenix MD 21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10727

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
 Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

04 / 01 / 2016

Transaction ID : SA11AI.9549

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

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

68.00

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

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

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

Full Name (Last, First, Middle Initial)

A. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
 Towson MD 21286

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.9646

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
 Towson MD 21286

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.9743

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
 Towson MD 21286

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 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)..... ►

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
 Towson MD 21286

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 29 2016

Transaction ID : SA11AI.9938

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
 Towson MD 21286

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 06 2016

Transaction ID : SA11AI.10036

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
 Towson MD 21286

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 13 2016

Transaction ID : SA11AI.10136

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)..... ►

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.10235

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11AI.10334

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.10435

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)..... ►

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

644.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10534

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.10632

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.10729

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

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

84.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 131

☒ 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)

A. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA11AI.9550

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.9647

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.9744

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 131

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

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

Full Name (Last, First, Middle Initial)

A. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 22 / 2016

Transaction ID : SA11AI.9840

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 06 / 2016

Transaction ID : SA11AI.10037

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11AI.10137

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11AI.10335

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.10436

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11AI.10535

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10633

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
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PAGE 67 OF 131

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

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

Full Name (Last, First, Middle Initial)

A. William J Langley

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.10730

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City

Winnabow

State

NC

Zip Code

28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA11AI.9551

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City

Winnabow

State

NC

Zip Code

28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.9648

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

85.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 131

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.9745

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.9841

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2016

Transaction ID : SA11AI.9940

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial)

A. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.10038

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11AI.10138

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.10237

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 70 OF 131

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

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

Full Name (Last, First, Middle Initial)

A. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11AI.10336

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.10437

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10536

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.10634

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura K Lanier

Mailing Address 650 Heartwood Dr.

City
Winnabow

State Zip Code
NC 28479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.10731

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anthony Liberty

Mailing Address 2745 Cordgrass Street

City
Oviedo

State Zip Code
FL 32765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10537

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 72 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Anthony Liberty

Mailing Address 2745 Cordgrass Street

City State Zip Code
Oviedo FL 32765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11Al.10635

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anthony Liberty

Mailing Address 2745 Cordgrass Street

City State Zip Code
Oviedo FL 32765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11Al.10732

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeremy T. Markewicz

Mailing Address 2678 Westbreeze Dr

City State Zip Code
Hilliard OH 43026

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11Al.10341

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

29.62

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

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

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

FOR LINE NUMBER: PAGE 73 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jeremy T. Markewicz

Mailing Address 2678 Westbreeze Dr

City State Zip Code
 Hilliard OH 43026

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.10442

Amount of Each Receipt this Period

9.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeremy T. Markewicz

Mailing Address 2678 Westbreeze Dr

City State Zip Code
 Hilliard OH 43026

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.10541

Amount of Each Receipt this Period

9.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeremy T. Markewicz

Mailing Address 2678 Westbreeze Dr

City State Zip Code
 Hilliard OH 43026

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.10639

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

28.86

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 131

☒ 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)

A. Jeremy T. Markewicz

Mailing Address 2678 Westbreeze Dr

City State Zip Code
 Hilliard OH 43026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : SA11Al.10736

Amount of Each Receipt this Period

9.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jadd A Martinez

Mailing Address 3145 Calle Jazmin

City State Zip Code
 San Luis Obispo CA 93401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11Al.10343

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jadd A Martinez

Mailing Address 3145 Calle Jazmin

City State Zip Code
 San Luis Obispo CA 93401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11Al.10444

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

29.62

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 75 OF 131

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Jadd A Martinez

Mailing Address 3145 Calle Jazmin

City State Zip Code
San Luis Obispo CA 93401

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10543

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jadd A Martinez

Mailing Address 3145 Calle Jazmin

City State Zip Code
San Luis Obispo CA 93401

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.10641

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jadd A Martinez

Mailing Address 3145 Calle Jazmin

City State Zip Code
San Luis Obispo CA 93401

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.10738

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : SA11AI.9561

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.9658

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.9755

Amount of Each Receipt this Period

28.84

☐ Memo Item

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

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

86.52

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 131

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.9851

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : SA11AI.9950

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.10048

Amount of Each Receipt this Period

28.84

☐ Memo Item

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

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

86.52

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

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

FOR LINE NUMBER: PAGE 78 OF 131

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

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

Full Name (Last, First, Middle Initial)

A. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.96

Date of Receipt

05 / 13 / 2016

Transaction ID : SA11AI.10148

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.80

Date of Receipt

05 / 20 / 2016

Transaction ID : SA11AI.10247

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.64

Date of Receipt

05 / 27 / 2016

Transaction ID : SA11AI.10346

Amount of Each Receipt this Period

28.84

☐ Memo Item

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

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

86.52

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 131

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

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

Full Name (Last, First, Middle Initial)

A. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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 Dunstons Road

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2016

Transaction ID : SA11AI.10546

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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)..... ►

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial)

A. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
 Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10741

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eric Dwain Miller

Mailing Address 1406 Hemlock Hill Dr

City State Zip Code
 Durham NC 27703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11AI.10547

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eric Dwain Miller

Mailing Address 1406 Hemlock Hill Dr

City State Zip Code
 Durham NC 27703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10645

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

48.84

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial)

A. Eric Dwain Miller

Mailing Address 1406 Hemlock Hill Dr

City

Durham

State

NC

Zip Code

27703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11Al.10742

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Natalie M Miller

Mailing Address 14057 Montecello Dr

City

Cooksville

State

MD

Zip Code

21723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP Clinical Operations-1M

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11Al.10348

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Natalie M Miller

Mailing Address 14057 Montecello Dr

City

Cooksville

State

MD

Zip Code

21723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP Clinical Operations-1M

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11Al.10449

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 131

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Natalie M Miller

Mailing Address 14057 Montecello Dr

City

Cooksville

State

MD

Zip Code

21723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP Clinical Operations-1M

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11Al.10548

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Natalie M Miller

Mailing Address 14057 Montecello Dr

City

Cooksville

State

MD

Zip Code

21723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP Clinical Operations-1M

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11Al.10646

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Natalie M Miller

Mailing Address 14057 Montecello Dr

City

Cooksville

State

MD

Zip Code

21723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP Clinical Operations-1M

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11Al.10743

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jeffrey A Moore

Mailing Address 250 Worthy Drive

City State Zip Code
 Franklin TN 37064

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

National Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11AI.10349

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey A Moore

Mailing Address 250 Worthy Drive

City State Zip Code
 Franklin TN 37064

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

National Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.10450

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey A Moore

Mailing Address 250 Worthy Drive

City State Zip Code
 Franklin TN 37064

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

National Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.10549

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

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

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

FOR LINE NUMBER:
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☒ 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)

A. Jeffrey A Moore

Mailing Address 250 Worthy Drive

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

National Sales Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10647

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey A Moore

Mailing Address 250 Worthy Drive

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

National Sales Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10744

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert J Moran

Mailing Address 6430 Blenheim Road

City

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 27 / 2016

Transaction ID : SA11AI.10351

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert J Moran

Mailing Address 6430 Blenheim Road

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.10452

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert J Moran

Mailing Address 6430 Blenheim Road

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10551

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert J Moran

Mailing Address 6430 Blenheim Road

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.10649

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert J Moran

Mailing Address 6430 Blenheim Road

City
Baltimore

State
MD

Zip Code
21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.10746

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. James Nichols

Mailing Address 296 Dandridge Dr.

City
Franklin

State
TN

Zip Code
37067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11AI.10354

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Nichols

Mailing Address 296 Dandridge Dr.

City
Franklin

State
TN

Zip Code
37067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.10455

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. James Nichols

Mailing Address 296 Dandridge Dr.

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2016

Transaction ID : SA11AI.10554

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. James Nichols

Mailing Address 296 Dandridge Dr.

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.10652

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Nichols

Mailing Address 296 Dandridge Dr.

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11AI.10749

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert B Peaslee

Mailing Address 210 Bentwood Ct

City
Salem

State
VA

Zip Code
24153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.10457

Amount of Each Receipt this Period

9.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert B Peaslee

Mailing Address 210 Bentwood Ct

City
Salem

State
VA

Zip Code
24153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Robert B Peaslee

Mailing Address 210 Bentwood Ct

City
Salem

State
VA

Zip Code
24153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10654

Amount of Each Receipt this Period

9.50

☐ Memo Item

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

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

28.50

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert B Peaslee

Mailing Address 210 Bentwood Ct

City
SalemState
VAZip Code
24153FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.10751

Amount of Each Receipt this Period

9.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Pirtle

Mailing Address 2864 Lebonnett Dr

City

Beaumont

State

TX

Zip Code

77705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.9670

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Pirtle

Mailing Address 2864 Lebonnett Dr

City

Beaumont

State

TX

Zip Code

77705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : SA11AI.9767

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

39.50

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

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

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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. Paul Pirtle

Mailing Address 2864 Lebonnett Dr

City State Zip Code
 Beaumont TX 77705

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.9864

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Pirtle

Mailing Address 2864 Lebonnett Dr

City State Zip Code
 Beaumont TX 77705

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : SA11AI.9962

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Pirtle

Mailing Address 2864 Lebonnett Dr

City State Zip Code
 Beaumont TX 77705

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.10060

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)..... ►

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

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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. Paul Pirtle

Mailing Address 2864 Lebonnett Dr

City

Beaumont

State

TX

Zip Code

77705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Business Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

05 / 13 / 2016

Transaction ID : SA11Al.10160

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Pirtle

Mailing Address 2864 Lebonnett Dr

City

Beaumont

State

TX

Zip Code

77705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Business Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 20 / 2016

Transaction ID : SA11Al.10259

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Pirtle

Mailing Address 2864 Lebonnett Dr

City

Beaumont

State

TX

Zip Code

77705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Business Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

05 / 27 / 2016

Transaction ID : SA11Al.10358

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Paul Pirtle

Mailing Address 2864 Lebonnett Dr

City

Beaumont

State

TX

Zip Code

77705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.10458

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Pirtle

Mailing Address 2864 Lebonnett Dr

City

Beaumont

State

TX

Zip Code

77705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11AI.10557

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Pirtle

Mailing Address 2864 Lebonnett Dr

City

Beaumont

State

TX

Zip Code

77705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10655

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 93 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Paul Pirtle

Mailing Address 2864 Lebonnett Dr

City

Beaumont

State

TX

Zip Code

77705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10752

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Raney

Mailing Address 300 Vale Drive

City

Wilmington

State

NC

Zip Code

28411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

04 / 01 / 2016

Transaction ID : SA11AI.9575

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Raney

Mailing Address 300 Vale Drive

City

Wilmington

State

NC

Zip Code

28411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

04 / 08 / 2016

Transaction ID : SA11AI.9672

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

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

71.00

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

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

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

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

Full Name (Last, First, Middle Initial)

A. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
 Wilmington NC 28411

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.9769

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
 Wilmington NC 28411

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.9866

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
 Wilmington NC 28411

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : SA11AI.9964

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

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

84.00

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
Wilmington NC 28411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.10062

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
Wilmington NC 28411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.10063

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
Wilmington NC 28411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11AI.10162

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

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

84.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
 Wilmington NC 28411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.10261

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
 Wilmington NC 28411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11AI.10362

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
 Wilmington NC 28411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.10461

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

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

84.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
Wilmington NC 28411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10560

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
Wilmington NC 28411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

644.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.10658

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Raney

Mailing Address 300 Vale Drive

City State Zip Code
Wilmington NC 28411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.10755

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

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

84.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura J Riddle

Mailing Address 39 Blake Rd.

City

State

Zip Code

Epping

NH

03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Maxim Healthcare Services Inc

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

04 / 01 / 2016

Transaction ID : SA11AI.9578

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura J Riddle

Mailing Address 39 Blake Rd.

City

State

Zip Code

Epping

NH

03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Maxim Healthcare Services Inc

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 08 / 2016

Transaction ID : SA11AI.9675

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura J Riddle

Mailing Address 39 Blake Rd.

City

State

Zip Code

Epping

NH

03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Maxim Healthcare Services Inc

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

04 / 15 / 2016

Transaction ID : SA11AI.9772

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura J Riddle

Mailing Address 39 Blake Rd.

City

Epping

State

NH

Zip Code

03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 22 / 2016

Transaction ID : SA11AI.9869

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura J Riddle

Mailing Address 39 Blake Rd.

City

Epping

State

NH

Zip Code

03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

04 / 29 / 2016

Transaction ID : SA11AI.9967

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura J Riddle

Mailing Address 39 Blake Rd.

City

Epping

State

NH

Zip Code

03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 06 / 2016

Transaction ID : SA11AI.10066

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura J Riddle

Mailing Address 39 Blake Rd.

City

Epping

State

NH

Zip Code

03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

475.00

Date of Receipt

05 / 13 / 2016

Transaction ID : SA11AI.10165

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura J Riddle

Mailing Address 39 Blake Rd.

City

Epping

State

NH

Zip Code

03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2016

Transaction ID : SA11AI.10264

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura J Riddle

Mailing Address 39 Blake Rd.

City

Epping

State

NH

Zip Code

03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

05 / 27 / 2016

Transaction ID : SA11AI.10365

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura J Riddle

Mailing Address 39 Blake Rd.

City

Epping

State

NH

Zip Code

03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.10464

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura J Riddle

Mailing Address 39 Blake Rd.

City

Epping

State

NH

Zip Code

03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

575.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11AI.10563

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura J Riddle

Mailing Address 39 Blake Rd.

City

Epping

State

NH

Zip Code

03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10661

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura J Riddle

Mailing Address 39 Blake Rd.

City

Epping

State

NH

Zip Code

03042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.10758

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher M Rozelle

Mailing Address 5652 Sandstone Dr

City

Pace

State

FL

Zip Code

32571

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.10466

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher M Rozelle

Mailing Address 5652 Sandstone Dr

City

Pace

State

FL

Zip Code

32571

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10565

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

45.00

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

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

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

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

Full Name (Last, First, Middle Initial)

A. Christopher M Rozelle

Mailing Address 5652 Sandstone Dr

City State Zip Code
Pace FL 32571

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11Al.10663

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher M Rozelle

Mailing Address 5652 Sandstone Dr

City State Zip Code
Pace FL 32571

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11Al.10760

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Charles M Schevitz

Mailing Address 204 Ritterslea Court

City State Zip Code
Owings Mills MD 21117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Senior Director - Employee Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11Al.10368

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 104 OF 131

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Charles M Schevitz

Mailing Address 204 Ritterslea Court

City State Zip Code
Owings Mills MD 21117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Senior Director - Employee Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.10467

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Charles M Schevitz

Mailing Address 204 Ritterslea Court

City State Zip Code
Owings Mills MD 21117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Senior Director - Employee Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10566

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Charles M Schevitz

Mailing Address 204 Ritterslea Court

City State Zip Code
Owings Mills MD 21117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Senior Director - Employee Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.10664

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Charles M Schevitz

Mailing Address 204 Ritterslea Court

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Senior Director - Employee Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11Al.10761

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher Sipes

Mailing Address 9016 Sunni Shade Ct

City

Perry Hall

State

MD

Zip Code

21128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President: Reg Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11Al.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

State

MD

Zip Code

21128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President: Reg Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11Al.10469

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Christopher Sipes

Mailing Address 9016 Sunni Shade Ct

City

Perry Hall

State

MD

Zip Code

21128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President: Reg Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10568

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher Sipes

Mailing Address 9016 Sunni Shade Ct

City

Perry Hall

State

MD

Zip Code

21128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President: Reg Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.10666

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

State

MD

Zip Code

21128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President: Reg Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.10763

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. John P Smalley

Mailing Address 4535 N Camino del Obispo

City

Tucson

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2016

Transaction ID : SA11AI.10371

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John P Smalley

Mailing Address 4535 N Camino del Obispo

City

Tucson

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.10470

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. John P Smalley

Mailing Address 4535 N Camino del Obispo

City

Tucson

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2016

Transaction ID : SA11AI.10569

Amount of Each Receipt this Period

10.00

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

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. John P Smalley

Mailing Address 4535 N Camino del Obispo

City State Zip Code
Tucson AZ 85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.10667

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John P Smalley

Mailing Address 4535 N Camino del Obispo

City State Zip Code
Tucson AZ 85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.10764

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nathan Speer

Mailing Address 524 Toledo Dr

City State Zip Code
Lowe Burrell PA 15068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11AI.10376

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER:
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PAGE 109 OF 131

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

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

Full Name (Last, First, Middle Initial)

A. Nathan Speer

Mailing Address 524 Toledo Dr

City

Lowe Burrell

State

PA

Zip Code

15068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director - National Accounts

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11Al.10475

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nathan Speer

Mailing Address 524 Toledo Dr

City

Lowe Burrell

State

PA

Zip Code

15068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director - National Accounts

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11Al.10574

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nathan Speer

Mailing Address 524 Toledo Dr

City

Lowe Burrell

State

PA

Zip Code

15068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director - National Accounts

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11Al.10672

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Nathan Speer

Mailing Address 524 Toledo Dr

City

Lowe Burrell

State

PA

Zip Code

15068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Director - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10769

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew A Sticklin

Mailing Address 3410 Toone St

City

Baltimore

State

MD

Zip Code

21224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11AI.10576

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matthew A Sticklin

Mailing Address 3410 Toone St

City

Baltimore

State

MD

Zip Code

21224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10674

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 111 OF 131

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

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

Full Name (Last, First, Middle Initial)

A. Matthew A Sticklin

Mailing Address 3410 Toone St

City State Zip Code
 Baltimore MD 21224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : SA11AI.10771

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
 Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : SA11AI.9595

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
 Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.9692

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

70.00

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

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

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

Full Name (Last, First, Middle Initial)

A. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
 Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : SA11AI.9789

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
 Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.9888

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
 Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016

Transaction ID : SA11AI.9985

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 113 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.10084

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11AI.10183

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.10282

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
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PAGE 114 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
 Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11AI.10383

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
 Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.10482

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
 Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.10581

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 115 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
 Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.10679

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nancy Walker

Mailing Address 1276 High Mesa Drive

City State Zip Code
 Alto NM 88312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : SA11AI.10776

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Daniel P Wallace

Mailing Address 424 Brewer Ave.

City State Zip Code
 Akron OH 44305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11AI.10384

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 116 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Daniel P Wallace

Mailing Address 424 Brewer Ave.

City State Zip Code
 Akron OH 44305

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.10483

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Daniel P Wallace

Mailing Address 424 Brewer Ave.

City State Zip Code
 Akron OH 44305

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11AI.10582

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Daniel P Wallace

Mailing Address 424 Brewer Ave.

City State Zip Code
 Akron OH 44305

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.10680

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 117 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Daniel P Wallace

Mailing Address 424 Brewer Ave.

City State Zip Code
Akron OH 44305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.10777

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patricia L Weiss

Mailing Address 139 Suburban Road

City State Zip Code
Knoxville TN 37923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11AI.10385

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patricia L Weiss

Mailing Address 139 Suburban Road

City State Zip Code
Knoxville TN 37923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.10484

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 118 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Patricia L Weiss

Mailing Address 139 Suburban Road

City

Knoxville

State

TN

Zip Code

37923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11AI.10583

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patricia L Weiss

Mailing Address 139 Suburban Road

City

Knoxville

State

TN

Zip Code

37923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10681

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patricia L Weiss

Mailing Address 139 Suburban Road

City

Knoxville

State

TN

Zip Code

37923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10778

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 119 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Matthew J Wilkinson

Mailing Address 813 Foxfire Dr

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.10087

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew J Wilkinson

Mailing Address 813 Foxfire Dr

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11AI.10186

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matthew J Wilkinson

Mailing Address 813 Foxfire Dr

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.10285

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 120 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Matthew J Wilkinson

Mailing Address 813 Foxfire Dr

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 27 / 2016

Transaction ID : SA11AI.10386

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew J Wilkinson

Mailing Address 813 Foxfire Dr

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.10485

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matthew J Wilkinson

Mailing Address 813 Foxfire Dr

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11AI.10584

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 121 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Matthew J Wilkinson

Mailing Address 813 Foxfire Dr

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11Al.10682

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew J Wilkinson

Mailing Address 813 Foxfire Dr

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11Al.10779

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Womack

Mailing Address 7807 Empire Ct

City

Toledo

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 27 / 2016

Transaction ID : SA11Al.10387

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 122 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Brian Womack

Mailing Address 7807 Empire Ct

City State Zip Code
Toledo OH 43528

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.10486

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Womack

Mailing Address 7807 Empire Ct

City State Zip Code
Toledo OH 43528

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.10585

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Womack

Mailing Address 7807 Empire Ct

City State Zip Code
Toledo OH 43528

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.10683

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 123 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Brian Womack

Mailing Address 7807 Empire Ct

City State Zip Code
Toledo OH 43528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11Al.10780

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joel Zdarko

Mailing Address 1439 Harlan Dr.

City State Zip Code
Danville CA 94526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11Al.10389

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joel Zdarko

Mailing Address 1439 Harlan Dr.

City State Zip Code
Danville CA 94526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11Al.10488

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 124 OF 131

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Joel Zdarko

Mailing Address 1439 Harlan Dr.

City State Zip Code
 Danville CA 94526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11AI.10587

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joel Zdarko

Mailing Address 1439 Harlan Dr.

City State Zip Code
 Danville CA 94526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.10685

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joel Zdarko

Mailing Address 1439 Harlan Dr.

City State Zip Code
 Danville CA 94526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11AI.10782

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

7147.02

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

 Memo Item

 Memo Item

Amount of Each Investment and Date

 Memo Item

136.00

136.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

A. PALLONE FOR CONGRESS

Date of Disbursement



Transaction ID : SB23.9476

Amount of Each Disbursement this Period

2500.00

 Memo Item

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ	District: 06	

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Memo Item

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

A diagram of a rectangular frame with four vertical supports. The frame is represented by a rectangle with a thick border. Inside the rectangle, there are four vertical lines, one in each quadrant, representing supports. The top and bottom horizontal lines are thicker than the side vertical lines.

Amount of Each Disbursement this Period

Memo Item

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

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

2500.00

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

2500.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

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

1000.00

 Memo Item

1000.00

 Memo Item

Three digital displays showing the date 05/18/2016 in MM/DD/YYYY format. Each display has a top row for month/day/year digits and a bottom row for the full number. The first display shows '05', the second shows '18', and the third shows '2016'. The top row of each display has two small square indicators above the first and last digits.

1000.00

 Memo Item

3000.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

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

A. Curtis Hertel Jr for Senate

Mailing Address 2747 Southwood Dr

City	State	Zip Code
East Lansing	MI	48823

Purpose of Disbursement	Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB29.9494

Amount of Each Disbursement this Period

1000.00

 Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Bill Adolph

Mailing Address P.O. Box 303

City	State	Zip Code
Springfield	PA	19064

Purpose of Disbursement	
Non-federal Political Contribution	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB29.9484

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Joe Scarnati

Mailing Address P.O. Box 177

City	State	Zip Code
Brockway	PA	15824

Purpose of Disbursement	
Non-federal Political Contribution	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB29.9486

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10.00
25-34	15.00
35-44	20.00
45-54	25.00
55-64	30.00
65-74	35.00
75-84	40.00
85+	45.00

 Memo Item

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

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

3000.00

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

PAGE 129 OF 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Hildenbrand Leadership Fund

Mailing Address 2700 Timpson Ave Se

City	State	Zip Code
Lowell	MI	49331

Purpose of Disbursement
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

Transaction ID : SB29.9502

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. House Republican Campaign Committee

Mailing Address P.O. Box 1035

City	State	Zip Code
Lansing	MI	48901

Purpose of Disbursement
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2016

Transaction ID : SB29.9497

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marleau for Michigan

Mailing Address 1214 Chester Rd

City	State	Zip Code
Lansing	MI	48912

Purpose of Disbursement
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2016

Transaction ID : SB29.9492

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2500.00

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

PAGE 130 OF 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michigan House Democratic Fund

Mailing Address P.O. Box 16193

City	State	Zip Code
Lansing	MI	48901

Purpose of Disbursement
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

Transaction ID : SB29.9500

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Moving Michigan Forward 2

Mailing Address 106 W Allegan St, Ste 200

City	State	Zip Code
Lansing	MI	48933

Purpose of Disbursement
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

Transaction ID : SB29.9501

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Senate Democratic Fund

Mailing Address P.O. Box 1111

City	State	Zip Code
Lansing	MI	48909

Purpose of Disbursement
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2016

Transaction ID : SB29.9498

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2500.00

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

PAGE 131 OF 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Senate Republican Campaign Committee

Mailing Address P.O. Box 676

City	State	Zip Code
Lansing	MI	48901

Purpose of Disbursement
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2016

Transaction ID : SB29.9496

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VerHeulen Leadership Fund

Mailing Address 4167 Imperial Drive

City	State	Zip Code
Walker	MI	49534

Purpose of Disbursement
Non-federal Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2016

Transaction ID : SB29.9488

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2500.00

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

13500.00
