

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street)

7227 Lee Deforest Drive

Check if different  
than previously  
reported. (ACC)

Columbia

MD

21046

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00558932

3. IS THIS  
REPORTNEW  
(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) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

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  
10 01 2019

through

M M M / D D D / Y Y Y Y Y Y  
10 31 2019

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

DeFronzo, Christopher, , ,

Type or Print Name of Treasurer

Signature of Treasurer

DeFronzo, Christopher, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
11 19 2019

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2019 To: M M / D D / Y Y Y Y Y 10 / 31 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2019		<span style="border: 1px solid black; padding: 2px;">23698.61</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">33052.45</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">3749.84</span>	<span style="border: 1px solid black; padding: 2px;">44003.68</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">36802.29</span>	<span style="border: 1px solid black; padding: 2px;">67702.29</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">9500.00</span>	<span style="border: 1px solid black; padding: 2px;">40400.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">27302.29</span>	<span style="border: 1px solid black; padding: 2px;">27302.29</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	9

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	9

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).....	3568.84	22348.88
(ii) Unitemized .....	181.00	21654.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3749.84	44003.68
(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) .....	3749.84	44003.68
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)) .....	3749.84	44003.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3749.84	44003.68

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	9500.00	36400.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9500.00	40400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9500.00	40400.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3749.84	44003.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3749.84	44003.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

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

**A. Alvarez, Heather, L, ,**

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11Al.18075**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Andrews, Haven, , ,**

Mailing Address 21 Harrisecket Rd

City

Kennebunk

State

ME

Zip Code

04043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11Al.18076**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Apperson, Kevin, D, ,**

Mailing Address 2235 Eutaw Place

City

Baltimore

State

MD

Zip Code

21217

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Chief Information Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11Al.18077**

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Beams, Michael, I, ,

Mailing Address 3035 Panama Avenue

City  
CarmichaelState  
CAZip Code  
95608FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18078

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Beethe, Ryan, P, ,

Mailing Address 16632 Canyon Trail

City  
OmahaState  
NEZip Code  
68136FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18079

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Bennett, Kerry, , ,

Mailing Address 299 Fort Aupeck Ave

City  
OceanportState  
NJZip Code  
07757FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Senior Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18080

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

80.00

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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NAME OF COMMITTEE (In Full)

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

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

**A. Besancon, David, L, ,**

Mailing Address 4567 Ashview Ct.

City  
Hilliard

State  
OH

Zip Code  
43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18081**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Bevelacqua, Jessica, L, ,**

Mailing Address 707 Koa Court

City  
Sunnyvale

State  
CA

Zip Code  
94086

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18082**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Bierlink, Aaron, F, ,**

Mailing Address 7007 180th St SW

City  
Edmonds

State  
WA

Zip Code  
98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Business Ops-1M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18083**

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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FOR LINE NUMBER: PAGE 9 OF 38

(check only one)

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

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

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

A. Bodmer, Christopher, , ,

Mailing Address 903 Sill Ridge Drive

City  
O'FallonState  
MOZip Code  
63368FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18084

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Brangaccio, David, R, ,

Mailing Address 6221 Apopka Court

City  
JacksonvilleState  
FLZip Code  
32258FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18086

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Brickhouse, Duane, , ,

Mailing Address 3605 Ligon road

City  
Ellicott CityState  
MDZip Code  
21042FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Regional VP - Reg Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18087

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

80.00

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 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Campbell, Theodore, Allen, ,

Mailing Address 9338 Merlot Circle

City  
Breinigsville

State  
PA

Zip Code  
18031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18088

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Campion, Michael, J, ,

Mailing Address 205 Nomini Drive

City  
Arnold

State  
MD

Zip Code  
21012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Divisional Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18089

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Carlson, Donald, W, ,

Mailing Address 5140 S Mallard Cir

City  
Greenfield

State  
WI

Zip Code  
53221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18090

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. Caswell, Jason, B, ,**

Mailing Address 213 Cinnabar Trail

City  
Cibolo

State  
TX

Zip Code  
78108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Portfolio Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18091**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Ceron, Kelly, N, ,**

Mailing Address 15735 Arabian Way

City  
Montverde

State  
FL

Zip Code  
34756

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18092**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Charboneau, Diane, T, ,**

Mailing Address 8230 East Levitt St

City  
Wichita

State  
KS

Zip Code  
67207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18093**

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)..... ►

100.00

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

**A. Christofferson, Tiffany, M, ,**

Mailing Address 79824 Bethpage Ave

City  
Indio

State  
CA

Zip Code  
92201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18094**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Colleran, Kimberly, Ann, ,**

Mailing Address 187 Market St.

City

Pittston Township

State

PA

Zip Code

18640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18095**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Cowan, Kristen, Jane, ,**

Mailing Address 2711 S Aerial Dr

City

Peoria

State

IL

Zip Code

61607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18096**

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: PAGE 13 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Crane, Barbara, A, ,

Mailing Address 2735 Dana Loop

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Clinical Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18097

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Crown, Susan, K, ,

Mailing Address 1045 Braewick Cir. NW

City

Massillon

State

OH

Zip Code

44646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional VP of Clinical Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18098

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Deeb, Brandi, L, ,

Mailing Address 1506 Terra Oaks Court

City

Mount Airy

State

MD

Zip Code

21771

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Controller - Regional HH

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18099

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

80.00

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

A. DePriest, Jarrod, , ,

Mailing Address 235 Buckboard Rd West  
2807City  
EdwardsState  
COZip Code  
81632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Sr. VP of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.18100

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Diaz, Matthew, M, ,

Mailing Address 4910 Regal Court

City  
RocklinState  
CAZip Code  
95765FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.18101

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Dover, Wesley, R, ,

Mailing Address 1163 Via Lucero  
Apt U303City  
OceansideState  
CAZip Code  
92056FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.18103

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

260.00

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 15 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Drum, Carey, Ann, ,

Mailing Address 23A Queens Way

City  
CamillusState  
NYZip Code  
13031FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18104

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Feldman, Amy, , ,

Mailing Address 10711 Huntwood Drive

City  
Silver SpringState  
MDZip Code  
20901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
VP of Clinical & Reg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18107

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Fernie, Elizabeth, D, ,

Mailing Address 154 Blackswan Pl

City  
The WoodlandsState  
TXZip Code  
77354FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18108

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

100.00

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

A. Finley, Adam, B, ,

Mailing Address 6355 E. Lyell Ave

City  
FresnoState  
CAZip Code  
93727FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.18109

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Foster, Claire, K, ,

Mailing Address 108 Colonial Dr

City  
WilmingtonState  
NCZip Code  
28403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Director of Field Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.18110

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Friedell, Andrew, , ,

Mailing Address 523A Epping Forrest Rd

City  
AnnapolisState  
MDZip Code  
21401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
Sr. VP Strategic Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.18111

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

180.00

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

**A. Friedman, Toni-Jean, L, ,**

Mailing Address 3911 Briar Knoll Cir

City  
Phoenix

State  
MD

Zip Code  
21131-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18112**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Gehman, Robert, K, , Jr**

Mailing Address 229 Treherne Road

City  
Lutherville

State  
MD

Zip Code  
21093

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
SVP. - Continuous Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18113**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**C. Gering, Joseph, , ,**

Mailing Address 1529 E. Blackwood Lane

City  
Spokane

State  
WA

Zip Code  
99223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Director of Staffing

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  
10 / 25 / 2019

**Transaction ID : SA11AI.18114**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

140.00

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

**A. Gonzalez, Rhonda, C, ,**

Mailing Address 2512 Avocet Way

City  
Lincoln

State  
CA

Zip Code  
95648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18115**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Hagen, Mildred, , ,**

Mailing Address 129 County Road 4880

City  
Newark

State  
TX

Zip Code  
76071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18116**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Henley, Jacob, , ,**

Mailing Address 3035 Panama Ave

City  
Carmichael

State  
CA

Zip Code  
95608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18117**

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**

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

FOR LINE NUMBER: PAGE 19 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Hughes, Laura, L, ,

Mailing Address 19914 Gunpowder Road

City  
ManchesterState  
MDZip Code  
21102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services IncOccupation (for Individual)  
VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11Al.18119

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Jacks, Jean, M, ,

Mailing Address 4277 Rhodes Ave

City  
MemphisState  
TNZip Code  
38111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare ServicesOccupation (for Individual)  
Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11Al.18120

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Jesiolkiewicz, Leah, M, ,

Mailing Address 207 Grace Manor Drive

City  
CoraopolisState  
PAZip Code  
15108FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11Al.18126

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

180.00

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

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

**A. Jesiolkewic, Louis, Carl, ,**

Mailing Address 23 Jaycee Drive

City  
Pittsburgh

State  
PA

Zip Code  
15243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Director of Staffing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18121**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Jones, Blake, W, ,**

Mailing Address 1508 Charleston Lane

City  
Loveland

State  
OH

Zip Code  
45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
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  
10 / 25 / 2019

**Transaction ID : SA11AI.18127**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Khayyat, Andrea, E, ,**

Mailing Address 1830 English Oak Dr

City  
Lake Saint Louis

State  
MO

Zip Code  
63376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18129**

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**

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

FOR LINE NUMBER: PAGE 21 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Kile, Justin, , ,**

Mailing Address 8707 Marburg Manor Drive

City

Lutherville Timonium

State

MD

Zip Code

21093

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Nat'L Director of Program Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18130**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Langley, William, J, ,**

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Sr. VP Chief Medical Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18131**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Lanier, Laura, K, ,**

Mailing Address 650 Heartwood Dr.

City

Winnabow

State

NC

Zip Code

28479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Sr. VP of Clinical Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18132**

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

260.00

**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 22 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Liberty, Anthony, , ,**

Mailing Address 2677 Sugar Pine Run

City  
Oviedo

State  
FL

Zip Code  
32765

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18134**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Lindsay, Michael, S, , Jr.**

Mailing Address 1 N Covington Meadow Rd

City  
St Louis

State  
MO

Zip Code  
63132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : SA11AI.18135**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Loesser, Lisa, M, ,**

Mailing Address 35 Hastings Rd.

City  
Yardville

State  
NJ

Zip Code  
08620

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18136**

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

**A. Magrini, Joshua, Mark, ,**

Mailing Address 1012 Hunter Ave

City  
Orlando

State  
FL

Zip Code  
32804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Business Development Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18137**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Maloney, Daniel, P, ,**

Mailing Address 129 Baltursrol PI

City  
San Ramon

State  
CA

Zip Code  
94583

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18139**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Markewicz, Jeremy, T., ,**

Mailing Address 2678 Westbreeze Dr

City  
Hilliard

State  
OH

Zip Code  
43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

413.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18140**

Amount of Each Receipt this Period

38.48

☐ Memo Item

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

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

78.48

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

**A. Martincek, Kevin, D, ,**

Mailing Address 402 Blaze Dr

City  
Glenshaw

State  
PA

Zip Code  
15116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18141**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. McNamara, Daniel, B, ,**

Mailing Address 51 Cypress St

City  
Floral Park

State  
NY

Zip Code  
11001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18142**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Meeker, Mary, L, ,**

Mailing Address 12068 Royal Fern Ln

City  
Jacksonville

State  
FL

Zip Code  
32223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18143**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

100.00



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

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

FOR LINE NUMBER: PAGE 25 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Melone, Lisa, M, ,**

Mailing Address 6643 Applewood Blvd

City

Boardman

State

OH

Zip Code

44512

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18144

Amount of Each Receipt this Period

40.00



Memo Item

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

**B. Middleton, Deeley, C, ,**

Mailing Address 213 St Dunstons Road

City

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Sr. VP Quality, Safety

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18145

Amount of Each Receipt this Period

115.36



Memo Item

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

**C. Miller, Natalie, M, ,**

Mailing Address 14057 Montecello Dr

City

Cooksville

State

MD

Zip Code

21723

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area VP Clinical Operations

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18146

Amount of Each Receipt this Period

40.00



Memo Item

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

195.36

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  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

**A. Moore, Tricia, A, ,**

Mailing Address 833 Ninth Avenue

City  
Toms RiverState  
NJZip Code  
08757FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18147

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Nasuta, Vincent, M, ,**

Mailing Address 4 Bartine St

City  
Toms RiverState  
NJZip Code  
08753FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18148

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Nestell, Tamara, K, ,**

Mailing Address 6105 Seabury Court

City  
KnoxvilleState  
TNZip Code  
37931FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2019

Transaction ID : SA11AI.18149

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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 27 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Nichols, James, , ,**

Mailing Address 296 Dandridge Dr.

City  
Franklin

State  
TN

Zip Code  
37067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18150**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Nowinski, Casey, , ,**

Mailing Address 10755 Hampton Pl

City  
Newburgh

State  
IN

Zip Code  
47630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18151**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Oberholzer, Hal, F, ,**

Mailing Address 8510 East 29th St North  
Apt 818

City  
Wichita

State  
KS

Zip Code  
67226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18152**

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**

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

FOR LINE NUMBER: PAGE 28 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Oilar, Jawn, L, ,**

Mailing Address 3169 Wheaton Rd

City  
San Antonio

State  
TX

Zip Code  
78234

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Portfolio Director

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  
10 / 25 / 2019

**Transaction ID : SA11Al.18153**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Papazis, Cynthia, A, ,**

Mailing Address 860 Via Barquero

City  
San Marcos

State  
CA

Zip Code  
92069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11Al.18154**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Peaslee, Robert, B, ,**

Mailing Address 210 Bentwood Ct

City  
Salem

State  
VA

Zip Code  
24153

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

408.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11Al.18156**

Amount of Each Receipt this Period

38.00

☐ Memo Item

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

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

98.00

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

NAME OF COMMITTEE (In Full)

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

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

**A. Rajan, Gautam, Chandramohan, ,**

Mailing Address 6420 Ruth Dr

City  
Seven Hills

State  
OH

Zip Code  
44131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Account Executive - MHIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11Al.18157**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Raney, Michael, , ,**

Mailing Address 300 Vale Drive

City  
Wilmington

State  
NC

Zip Code  
28411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11Al.18158**

Amount of Each Receipt this Period

112.00

☐ Memo Item

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

**C. Reed, Nicole, L, ,**

Mailing Address 954 Kennedy Lane

City  
Elizabethtown

State  
PA

Zip Code  
17022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of System Implementation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11Al.18159**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

152.00

**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  
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(check only one)

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NAME OF COMMITTEE (In Full)

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

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

**A. Riddle, Laura, J, ,**

Mailing Address 39 Blake Rd.

City  
Epping

State  
NH

Zip Code  
03042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18161**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Rivera, Luis, F, ,**

Mailing Address 26987 Glenside Ln

City  
Olmsted Township

State  
OH

Zip Code  
44138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18162**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Rosier, Collan, B, ,**

Mailing Address 2025 Harbour Gates Dr  
#288

City  
Annapolis

State  
MD

Zip Code  
21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18163**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

160.00

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

**A. Rozelle, Christopher, M, ,**

Mailing Address 2013 Powers Ferry Rd SE  
Apt C

City  
Marietta

State  
GA

Zip Code  
30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18165**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Simcox, Nichole, , ,**

Mailing Address 62 Ginger Tree Ct.

City  
O'Fallon

State  
MO

Zip Code  
63368

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18166**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Smalley, John, P, ,**

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 (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18167**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

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

**A. Spahr, Brian, M, ,**

Mailing Address 2421 Bear Rock Gln

City  
Escondido

State  
CA

Zip Code  
92026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Business Development Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18168**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Spalt, Jeremy, M, ,**

Mailing Address 1305 Asbury Road

City  
Baltimore

State  
MD

Zip Code  
21209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Sr. Operations Support Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18169**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Stabley, Kieta, L, ,**

Mailing Address 202 Rudolph Ln

City  
Hubert

State  
NC

Zip Code  
28539

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18170**

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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NAME OF COMMITTEE (In Full)

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

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

**A. Stickles, Jeremy, D, ,**

Mailing Address 2909 Hanes Ave  
#148

City  
Richmond

State  
VA

Zip Code  
23222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Regional Field Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.18171

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Stone, Sean, T, ,**

Mailing Address 3035 Panama Ave

City

Carmichael

State  
CA

Zip Code  
95608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Reg Director - Product Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.18172

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Stover, Regina, , ,**

Mailing Address 3400 Hemphill Road

City

Norton

State  
OH

Zip Code  
44203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.18173

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

100.00

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

**A. Stugelmeyer, Brian, , ,**

Mailing Address 323 V St. SW

City  
Tumwater

State  
WA

Zip Code  
98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director - Product Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.18175

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Suchocki, Bernard, , ,**

Mailing Address 2467 St Georges Ave  
#1

City  
Rahway

State  
NJ

Zip Code  
07065

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.18176

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Taylor, Patrick, , ,**

Mailing Address 750 El Encino Way

City  
Sacramento

State  
CA

Zip Code  
95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Director of Staffing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.18177

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)..... ►

100.00

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

**A. Truman, Brandon, K, ,**

Mailing Address 3D Round Ridge Rd

City  
Mechanicsburg

State  
PA

Zip Code  
17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18178**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Wasser, Ryan, , ,**

Mailing Address 311 Montrose Avenue

City  
Catonsville

State  
MD

Zip Code  
21228

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Vice President - 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  
10 / 18 / 2019

**Transaction ID : SA11AI.18179**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Whiting, Evan, D, ,**

Mailing Address 1469 Bridle Creek Blvd

City  
Virginia Beach

State  
VA

Zip Code  
23464

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director of Business Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11AI.18181**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

75.00

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

**A. Wilkinson, Matthew, J, ,**

Mailing Address 813 Foxfire Dr

City  
Louisville

State  
KY

Zip Code  
40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Business Development Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11Al.18182**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Wilson, Whitney, N, ,**

Mailing Address 2345 Idavere Rd SW

City  
Roanoke

State  
VA

Zip Code  
24015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11Al.18183**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Wiltgen, Daniel, J, ,**

Mailing Address 4151 N Lincoln Ave  
Unit 3

City  
Chicago

State  
IL

Zip Code  
60618

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Director - Staff Assist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11Al.18184**

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**

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

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

Mailing Address 1439 Harlan Dr.

City  
Danville

State  
CA

Zip Code  
94526

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maxim Healthcare Services Inc

Occupation (for Individual)  
Area Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

**Transaction ID : SA11Al.18185**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

40.00

3568.84

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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. Maxim Healthcare NJ PAC**

Mailing Address 7227 Lee Deforest Drive

City  
Columbia

State  
MD

Zip Code  
21046

Purpose of Disbursement  
Non-Federal Political Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2019

FEC Identification Number

C

**Transaction ID : SB29.18188**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. OHIO COUNCIL FOR HOME CARE AND HOSPICE PAC**

Mailing Address 1105 SCHROCK ROAD  
STE 120

City  
Columbus

State  
OH

Zip Code  
43229

Purpose of Disbursement  
Non-Federal Political Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

FEC Identification Number

C

**Transaction ID : SB29.18187**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PHA Home PAC**

Mailing Address 600 N 12TH ST  
STE 200

City  
LEMOYNE

State  
PA

Zip Code  
17043

Purpose of Disbursement  
Non-Federal Political Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

FEC Identification Number

C

**Transaction ID : SB29.18186**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

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

9500.00

9500.00