Image# 14952858879 PAGE 1 / 28

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

							Office Use Only	
1.	NAME OF TOOMMITTEE (in full)	YPE OR PRINT		ample: If typir er the lines.	ng, type	12FE4M5		
N	MAXIM HEALTHCARE S	ERVICES INC	CPOLITICAL	ACTION C	COMMITTE	E (MAXIM	1 HEALTHCA	RE PAC)
L								
ΑĽ	DDRESS (number and street)	PO BOX 66412						
	Check if different than previously reported. (ACC)	WASHINGTON				DC	20035	
2.	FEC IDENTIFICATION NUM	MBER ▼	CITY		S	TATE 🛦	ZIP CO	DE 🛦
	C C00558932		3. IS THIS REPORT		NEW N) <b>OR</b>	AM (A)	ENDED	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Mar 20 (M3)		Jun 20 (M6)		20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report (Q1	) (c) 12-Day	Apr 20 (M4)	Primary (12P	Jul 20 (M7)	General (	20 (M10)	Jan 31 (YE) Runoff (12R)
	July 15 Quarterly Report (Q2	PRE-E		Convention (		Special (1		nulion (12h)
	October 15 Quarterly Report (Q3			M M /		y y y y		
	January 31 Year-End Report (YE		Election on	M = M /			in the State o	f
	July 31 Mid-Year Report (Non-election Year Only) (MY)		Election X	General (300	G)	Runoff (3	0R)	Special (30S)
	Termination Report (TER)	, insport	Election on	11	04	2014	in the State o	f
5.	Covering Period 10	16	2014	through	11	/ 24	2014	
Ιc	ertify that I have examined this	Report and to the	ne best of my kno	wledge and b	pelief it is true	e, correct and	I complete.	
Туן	pe or Print Name of Treasurer	David Satterfield					-	
Sig	gnature of Treasurer David	Satterfield		[Electronically	, Filed] Da	ate 12	/ 04 /	2014
NC	OTE: Submission of false, erroned	ous, or incomplete	information may s	ubject the pers	son signing thi	s Report to th	e penalties of 2 l	J.S.C. §437g.
	Office Use Only						FEC FOR Rev. 12/20	

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period	17322.76	
(c) Total Receipts (from Line 19)	5936.76	27409.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23259.52	27409.52
Total Disbursements (from Line 31)	10586.51	14736.51
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12673.01	12673.01
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:	/ 16 / Y Y Y Y Y Y TO	11 24 / 2014
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	4001.04	22263.56
(i) Itemized (use Schedule A)		
(ii) Unitemized	1935.72	5145.96
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	5936.76	27409.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	5936.76	27409.52
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
	7 7	7 7
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures	7	7
(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
7. 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
(IIOIII Scriedule FIS)	0.00	0.00
(1) 1	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
(c) Total Transicis (and Total and Total)	0.00	0.00
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	5936.76	27409.52
		7
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	5936.76	27409.52
_		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		2
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	86.51	236.51
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	86.51	236.51
2.	Transfers to Affiliated/Other Party	7	2000
2	Contributions to	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	8000.00	11000.00
4.	Independent Expenditures	0.00	0.00
5.	(use Schedule E)	3.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6	Lean Repayments Made	0.00	0.00
ο.	Loan Repayments Made		0.00
7.	Loans MadeRefunds of Contributions To:	0.00	0.00
Ο.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	man Folitical Committees	0.00	
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	
	(d) Total Contribution Refunds	0.00	
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
9.	Other Disbursements	2500.00	3500.00
<b>^</b>	Fodoral Floation Activity (2.11.5.C. \$421(20))	· ·	
J.	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
۱.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10586.51	14736.51
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	10586.51	14736.51
	from Line 31)	10000.01	14730.31

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5936.76	27409.52	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5936.76	27409.52	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	86.51	236.51	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	86.51	236.51	

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

FOR LINE NUMBER:					PAGE		6	OF		28
(check only one)										
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Anv 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 OF COMMITTEE (In Full)	he name and address of any political committee to	o solicit contributions from such committee.
	S INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)  Kelli Camp		Date of Receipt
Mailing Address 225 S. Harrison St, #410		10 29 2014
City	State Zip Code	Transaction ID : SA11AI.4509
Denver	CO 80209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Contribution
Maxim Healthcare	Regional VP of Clinical	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	7	
Full Name (Last, First, Middle Initial)  Raymond A Carbone		Date of Receipt
Mailing Address 367 Berkshire Drive		10 17 _2014 _
City	State Zip Code	Transaction ID : SA11AI.4558
Riva	MD 21140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Raymond A Carbone		Data of Pagaint
Mailing Address 367 Berkshire Drive		Date of Receipt
City	State Zip Code	10 24 2014  Transaction ID : SA11AI.4610
Riva	MD 21140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	330.00	
SUBTOTAL of Receipts This Page (optional)	_	560.00

FOR LINE NUMBER:					PAGE		7	OF		28
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
/	ES INC POLITICAL ACTION COMMITTE	EE (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)  Raymond A Carbone		Date of Receipt
Mailing Address 367 Berkshire Drive		10 31 2014
City	State Zip Code	Transaction ID : SA11AI.4662
Riva	MD 21140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial)  Raymond A Carbone	'	Date of Receipt
Mailing Address 367 Berkshire Drive		M = M / D = D / Y = Y = Y
City	State Zip Code	11 07 2014 Transaction ID : \$444 At 4742
Riva	MD 21140	Transaction ID : SA11AI.4712  Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	30.00
Name of Employer	Occupation	$\dashv$
Maxim Healthcare Services Inc	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial)  . Raymond A Carbone	I	Date of Receipt
Mailing Address 367 Berkshire Drive		11 14 2014
City	State Zip Code	Transaction ID : SA11AI.4765
Riva	MD 21140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00	
SUBTOTAL of Receipts This Page (option	al)	90.00
	<u>~,</u>	
TOTAL This Period (last page this line nul	mber only)	

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

FOR LIN	<b>NUMBER</b>	: PAGE	8 OF	28					
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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.

or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)  Raymond A Carbone  Mailing Address 367 Berkshire Drive		Date of Receipt
City Riva  FEC ID number of contributing federal political committee.  Name of Employer  Maxim Healthcare Services Inc	State Zip Code MD 21140  C  Occupation Chief Financial Officer	Transaction ID : SA11AI.4818  Amount of Each Receipt this Period  30.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  Marcia Damm  Mailing Address 91 East Manning St #3		Date of Receipt  11 13 2014
City Providence  FEC ID number of contributing federal political committee.	State Zip Code RI 02906	Transaction ID : SA11AI.4511 Amount of Each Receipt this Period 1500.00
Name of Employer  Maxim Healthcare  Receipt For:  Primary General  Other (specify) ▼	Occupation  VP Northeast Region  Aggregate Year-to-Date ▼  1500.00	- Contribution
Full Name (Last, First, Middle Initial)  Jarrod DePriest  Mailing Address 2251 Wild Plains Circle  City	State Zip Code	Date of Receipt  10 17 2014  Transaction ID: SA11AI.4524
Rocklin  FEC ID number of contributing federal political committee.  Name of Employer  Maxim Healthcare Services Inc  Receipt For:  Primary General  Other (specify)	CA 95765  C Occupation Vice President - Operations  Aggregate Year-to-Date ▼  270.00	Amount of Each Receipt this Period  30.00
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	1560.00
TOTAL This Period (last page this line number	er only)	

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	nd Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	ES INC POLITICAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)  Jarrod DePriest  Mailing Address 2251 Wild Plains Circle		Date of Receipt
City	State Zip Code	10 24 2014
Rocklin	CA 95765	Transaction ID : SA11AI.4578  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Vice President - Operations	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  3. Jarrod DePriest		Date of Receipt
Mailing Address 2251 Wild Plains Circle		M M / D D / Y Y Y Y Y
City	State Zip Code CA 95765	10 31 2014 Transaction ID : SA11AI.4658
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Vice President - Operations	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00	
Full Name (Last, First, Middle Initial)  C. Jarrod DePriest		Date of Receipt
Mailing Address 2251 Wild Plains Circle		11 07 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.4708
Rocklin	CA 95765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Vice President - Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional	I)	90.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 2014 City State Zip Code Transaction ID: SA11AI.4729 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Vice President - Operations Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jarrod DePriest Date of Receipt Mailing Address 2251 Wild Plains Circle 11 21 2014 City State Zip Code Transaction ID: SA11AI.4785 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew M Diaz Date of Receipt Mailing Address 2103 Wyckford Blvd 11 07 2014 City State Zip Code Transaction ID: SA11AI.4703 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 15.00 С federal political committee. Name of Employer Occupation Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

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

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

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Full Name (Last, First, Middle Initial)  Matthew M Diaz  Mailing Address 2103 Wyckford Blvd		Date of Receipt
Otto	0	11 14 2014
City Rocklin	State Zip Code CA 95765	Transaction ID : SA11AI.4745
FEC ID number of contributing federal political committee.	CA 95765	Amount of Each Receipt this Period 15.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Matthew M Diaz		Date of Receipt
Mailing Address 2103 Wyckford Blvd		M = M / D = D / Y = Y = Y
City	State Zip Code	11 21 2014
Rocklin	CA 95765	Transaction ID : SA11AI.4801  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
Full Name (Last, First, Middle Initial) Andrew M Friedell		Date of Receipt
Mailing Address 523A Epping Forrest Rd		10 17 2014
City Annapolis	State Zip Code MD 21401	Transaction ID : SA11AI.4554  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1800.00	

Primary

В.

General

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

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

FOR LINE NUMBER:					PAGE	 12	OF	28
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Andrew M Friedell Date of Receipt Mailing Address 523A Epping Forrest Rd 2014 10 24 City Zip Code State Transaction ID: SA11AI.4607 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Govt Affairs Receipt For:

Aggregate Year-to-Date ▼

Other (specify) ▼	1830.00	
Full Name (Last, First, Middle Initial) Andrew M Friedell		Date of Receipt
Mailing Address 523A Epping Forrest Rd		10 31 2014
City	State Zip Code	Transaction ID : SA11AI.4661
Annapolis	MD 21401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	, 1860.00	
Full Name (Last, First, Middle Initial) Andrew M Friedell		Date of Receipt
Mailing Address Food Francis Francis Del		

Mailing Address 523A Epping Forrest Rd 07 2014 City Zip Code State Transaction ID: SA11AI.4711 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Name of Employer Occupation Vice President - Govt Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1890.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		Ξ	7	Ι	Ξ	7	9	0.00	
TOTAL This Period (last page this line number only)	_	_	7	_		7		-	$\Box$

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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

Full Name (Last, First, Middle Initial) Andrew M Friedell		Date of Receipt
Mailing Address 523A Epping Forrest Rd		11 14 2014
City	State Zip Code	Transaction ID : SA11AI.4760
Annapolis	MD 21401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1920.00	
Full Name (Last, First, Middle Initial) Andrew M Friedell	1	Date of Receipt
Mailing Address 523A Epping Forrest Rd		M = M / D = D / Y = Y = Y
City	State Zip Code	11 21 2014 Transportion ID : \$414 At 4914
Annapolis	MD 21401	Transaction ID : SA11AI.4814  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1950.00	
Full Name (Last, First, Middle Initial) Robert K Gehman Jr	I	Date of Receipt
Mailing Address 229 Treherne Road		10 17 2014
City Lutherville	State Zip Code MD 21093	Transaction ID : SA11AI.4559  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President - Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	

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

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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 SERVICE	S INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)  Robert K Gehman Jr  Mailing Address 229 Treherne Road		Date of Receipt
City Lutherville	State Zip Code MD 21093	Transaction ID : SA11AI.4611
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  20.00
Name of Employer  Maxim Healthcare Services Inc  Receipt For:	Occupation Vice President - Finance	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  260.00	
Full Name (Last, First, Middle Initial)  Robert K Gehman Jr  Mailing Address 229 Treherne Road		Date of Receipt  10 31 2014
City Lutherville	State Zip Code MD 21093	Transaction ID : SA11AI.4655  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Maxim Healthcare Services Inc Receipt For:	Occupation Vice President - Finance	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  280.00	
Full Name (Last, First, Middle Initial)  Robert K Gehman Jr		Date of Receipt
Mailing Address 229 Treherne Road  City	State Zip Code	11 07 2014 Transaction ID : \$411 At 4705
Lutherville	MD 21093	Transaction ID : SA11AI.4705  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer  Maxim Healthcare Services Inc  Receipt For:	Occupation Vice President - Finance	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
SUBTOTAL of Receipts This Page (optional	)	60.00
TOTAL This Period (last page this line numl	per only)	

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 2014 City Zip Code State Transaction ID: SA11AI.4766 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert K Gehman Jr Date of Receipt Mailing Address 229 Treherne Road 11 21 2014 City State Zip Code Transaction ID: SA11AI.4819 Lutherville MD 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Maxim Healthcare Services Inc Vice President - Finance

Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy Ben Goldberg Date of Receipt Mailing Address 6484 Mountain Sky Road 17 2014 10 City Zip Code State Transaction ID: SA11AI.4549 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify)

Aggregate Year-to-Date ▼

Receipt For:

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Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTEE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)  Jeremy Ben Goldberg		Date of Receipt
Mailing Address 6484 Mountain Sky Road		10 24 2014
City	State Zip Code	Transaction ID : SA11AI.4600
Frisco	TX 75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real-to-Date ¥	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Jeremy Ben Goldberg		Date of Receipt
Mailing Address 6484 Mountain Sky Road		10 31 2014
City	State Zip Code	Transaction ID : SA11AI.4659
Frisco	TX 75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	330.00	
Full Name (Last, First, Middle Initial)  2. Jeremy Ben Goldberg		Date of Receipt
Mailing Address 6484 Mountain Sky Road		11 07 2014
City	State Zip Code	Transaction ID : SA11AI.4709
Frisco	TX 75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real to bate V	
Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional).		90.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and Sour for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)	NC POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Jeremy Ben Goldberg  Mailing Address 6484 Mountain Sky Road		Date of Receipt
City	State Zip Code	11 14 2014 Transaction ID : SA11AI.4752
Frisco	TX 75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial)  Jeremy Ben Goldberg		Date of Receipt
Mailing Address 6484 Mountain Sky Road		M M / D D / Y H Y H Y H Y H Y H Y H Y H Y H Y H Y
City	State Zip Code	11 21 2014 Transaction ID : SA11AI.4807
Frisco	TX 75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial)  Laura L Hughes		Date of Receipt
Mailing Address 19914 Gunpowder Road		10 17 2014
City	State Zip Code	Transaction ID : SA11AI.4551
Munchester	MD 21102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	VP of Medicare West & Central	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	330.00	
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number of	only)	

### SCHEDULE A (FEC Form 3X) 17

SCHEDULE A (FEC Form 3X)		FOF	LINE	NUMB	ER:	PAGE	18	OF	28	
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NAME OF COMMITTEE (In Full)										

) MA		NC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
<b>4</b> . <u>L</u> a	Name (Last, First, Middle Initial)  aura L Hughes  iling Address 19914 Gunpowder Road		Date of Receipt
FEC	nnchester  C ID number of contributing eral political committee.	State Zip Code MD 21102	10 24 2014  Transaction ID : SA11Al.4602  Amount of Each Receipt this Period  30.00
Nar Max	me of Employer  xim Healthcare Services Inc  ceipt For:  Primary  General  Other (specify)	Occupation  VP of Medicare West & Central  Aggregate Year-to-Date ▼  360.00	
<b>3</b> . <u>L</u> a	Name (Last, First, Middle Initial) aura L Hughes illing Address 19914 Gunpowder Road		Date of Receipt
FEC	nchester  C ID number of contributing eral political committee.	State Zip Code MD 21102	Transaction ID : SA11AI.4660  Amount of Each Receipt this Period  30.00
Max	me of Employer  kim Healthcare Services Inc  ceipt For:  Primary  General  Other (specify)	Occupation  VP of Medicare West & Central  Aggregate Year-to-Date ▼  390.00	
C. <u>L</u> a	Name (Last, First, Middle Initial) aura L Hughes illing Address 19914 Gunpowder Road	State Zip Code	Date of Receipt  11 07 2014  Transaction ID: SA11AI.4710
Mu FEO	C ID number of contributing eral political committee.	MD 21102	Amount of Each Receipt this Period  30.00
Max	me of Employer  xim Healthcare Services Inc  ceipt For:  Primary  General  Other (specify)	Occupation  VP of Medicare West & Central  Aggregate Year-to-Date ▼  420.00	
SUBT	TOTAL of Receipts This Page (optional)	<b>&gt;</b>	90.00
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	I Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Laura L Hughes  Mailing Address 19914 Gunpowder Road		Date of Receipt
City	Olate 7: C	11 14 2014
City Munchester	State Zip Code MD 21102	Transaction ID : SA11AI.4754
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	30.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	VP of Medicare West & Central	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)	<u> </u>	Date of B. C.
Agiling Address 19914 Guppowder Road		Date of Receipt
Mailing Address 19914 Gunpowder Road		11 21 2014
City	State Zip Code	Transaction ID : SA11AI.4809
Munchester	MD 21102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	VP of Medicare West & Central	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 508 Wilton Road		10 17 2014
City	State Zip Code	Transaction ID : SA11AI.4520
Towson	MD 21286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	280.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	88.00
TOTAL This Period (last page this line number	<u>*</u>	
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Use separate schedule(s) for each category of the Detailed Summary Page

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Full Name (Last, First, Middle Initial) Timothy L. Kuhn		Date of Receipt
Mailing Address 508 Wilton Road		10 24 2014
City	State Zip Code	Transaction ID : SA11AI.4573
Towson	MD 21286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	308.00	
Full Name (Last, First, Middle Initial) Timothy L. Kuhn	'	Date of Receipt
Mailing Address 508 Wilton Road		M = M / D = D / Y = Y = Y
City	State Zip Code	10 31 2014
Towson	MD 21286	Transaction ID : SA11AI.4656  Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Receipt this Fellou
federal political committee.	C	28.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	336.00	
Full Name (Last, First, Middle Initial) Timothy L. Kuhn	I	Date of Receipt
Mailing Address 508 Wilton Road		11 07 2014
City	State Zip Code	Transaction ID : SA11AI.4706
Towson	MD 21286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	364.00	

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MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) Timothy L. Kuhn  Mailing Address 508 Wilton Road		Date of Receipt
City	State Zip Code	11 14 2014
Towson	MD 21286	Transaction ID : SA11AI.4725  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	28.00
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	392.00	
Full Name (Last, First, Middle Initial)  Timothy L. Kuhn	•	Date of Receipt
Mailing Address 508 Wilton Road		M = M / D = D / Y = Y = Y
City	State Zip Code	11 21 2014 Transaction ID : SA11AI.4781
Towson	MD 21286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	28.00
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Chief Culture Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial)  Deeley C Middleton	•	Date of Receipt
Mailing Address 213 St Dunstans Road		10 17 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.4519
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Vice President Clinical Affair	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	288.40	
	<u> </u>	
SUBTOTAL of Receipts This Page (optional)		84.84

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NAME OF COMMITTEE (In Full)  MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)  A. Deeley C Middleton		Date of Receipt
Mailing Address 213 St Dunstans Road		10 24 2014
City	State Zip Code	Transaction ID : SA11AI.4572
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	1
Maxim Healthcare Services Inc	Vice President Clinical Affair	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	317.24	
Full Name (Last, First, Middle Initial)  Deeley C Middleton	1	Date of Receipt
Mailing Address 213 St Dunstans Road		10 31 2014
City	State Zip Code	Transaction ID : SA11AI.4657
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer  Maxim Healthcare Services Inc	Occupation Vice President Clinical Affair	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	346.08	
Full Name (Last, First, Middle Initial)  Deeley C Middleton		Date of Receipt
Mailing Address 213 St Dunstans Road		11 07 2014
City	State Zip Code	Transaction ID : SA11AI.4707
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	
Maxim Healthcare Services Inc	Vice President Clinical Affair	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	374.92	
SUBTOTAL of Receipts This Page (optional)		86.52
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the 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)

Deeley C Middleton

Mailing Address 213 St Dunstans Road

City State Zin Code

Deeley C Middleton		Date of Receipt
Mailing Address 213 St Dunstans Road		11 14 2014
City	State Zip Code	Transaction ID : SA11AI.4724
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Vice President Clinical Affair	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 403.76	
Full Name (Last, First, Middle Initial)  3. Deeley C Middleton		Date of Receipt
Mailing Address 213 St Dunstans Road		11 21 2014
City	State Zip Code	Transaction ID : SA11AI.4780
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	28.84
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Vice President Clinical Affair	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	432.60	
Full Name (Last, First, Middle Initial)  C. Eric Dwain Miller		Date of Receipt
Mailing Address 1406 Hemlock Hill Dr		10 31 2014 _
City	State Zip Code	Transaction ID : SA11AI.4665
Durham	NC 27703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Maxim Healthcare Services Inc	Area Vice President	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	)	557.68
TOTAL This Period (last page this line numl	ber only)	

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

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MAXIM HEALTHCARE SERVICES	S INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)  Marsha C Plaine		Date of Receipt
Mailing Address 3503 Nelson Meadow Ln		1.1 07 2014
City Greensboro	State Zip Code NC 27406	Transaction ID : SA11AI.4704  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer  Maxim Healthcare Services Inc  Receipt For:  Primary General  Other (specify) ▼	Occupation Area Clinical Specialist  Aggregate Year-to-Date ▼  210.00	
Full Name (Last, First, Middle Initial)  Marsha C Plaine  Mailing Address 3503 Nelson Meadow Ln		Date of Receipt
City Greensboro	State Zip Code NC 27406	11 14 2014  Transaction ID : SA11AI.4751  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	15.00
Maxim Healthcare Services Inc  Receipt For:  Primary General  Other (specify) ▼	Area Clinical Specialist  Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  Marsha C Plaine  Mailing Address 3503 Nelson Meadow Ln		Date of Receipt
City Greensboro	State Zip Code NC 27406	11 21 2014  Transaction ID : SA11AI.4806  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer  Maxim Healthcare Services Inc  Receipt For:  Primary General  Other (specify) ▼	Occupation Area Clinical Specialist  Aggregate Year-to-Date ▼  240.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	45.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than usin	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVIC	ES INC POLITICAL ACTION COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)  Daniel J Santobianco  Mailing Address 216 Shawmont Ave		Date of Receipt
City Philadelphia	State Zip Code PA 19128	11 21 2014  Transaction ID : SA11AI.4782  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	50.00
Maxim Healthcare Services Inc  Receipt For:  Primary  Other (specify)   Other	Administrative Officer  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3		Date of Receipt
City  FEC ID number of contributing	State Zip Code	Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)	•	Date of Receipt
Mailing Address  City	State Zip Code	M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	al)	50.00
TOTAL This Period (last page this line nun	nber only)	4001.04

SCHEDULE B (FEC Form 3X)	Har annual 1 1 1 1 1 1	FOR LINE I	NUMBER: PAGE 26 OF 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 X 23 24 25 26  28a 28b 28c 29 30
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC			
Full Name (Last, First, Middle Initial)			Data of Diahumamant
A. CUMMINGS FOR CONGRESS CA	AMPAIGN COMMIT	IEE	Date of Disbursement
Mailing Address PO BOX 1631			11 11 2014
City	State Zip Code		Transaction ID : CD22 4506
BALTIMORE	MD 21203		Transaction ID : SB23.4506
Purpose of Disbursement Contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
ELIJAH E CUMMINGS		Type	1000.00
Senate President	nent For: 2016 Primary General Other (specify)		
State: MD District: 07			
Full Name (Last, First, Middle Initial)  B. DONNA EDWARDS FOR CONGR	ESS		Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address P.O. BOX 441153			10 22 2014
City S FORT WASHINGTON	State Zip Code MD 20749		Transaction ID : SB23.4503
Purpose of Disbursement Contribution	20110		
Candidate Name			Amount of Each Disbursement this Period
DONNA FERN EDWARDS		Category/ Type	1000.00
	nent For: 2014	1,900	
Senate	Primary General		
President State: MD District: 04	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. DUTCH RUPPERSBERGER FOR	CONGRESS COM	MITTEE	Date of Disbursement
Mailing Address PO BOX 231			10 22 2014
City	State Zip Code		Transaction ID - CD22 4400
	MD 21094		Transaction ID : SB23.4498
Purpose of Disbursement Contribution			
Candidate Name		Catanamil	Amount of Each Disbursement this Period
C.A. DUTCH RUPPERSBERGER		Category/ Type	2500.00
Office Sought: House Disburser  Senate President	nent For: 2014 Primary ☐ General Other (specify) ▼		, , , , , , , , , , , , , , , , , , , ,
State: MD District: 02			
CURTOTAL of Dishursements This Dags (antional)			4500.00
SUBTOTAL of Disbursements This Page (optional)		······	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 27 OF 28
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or for commercial purposes, other than using the name	e and address of any politic	cal 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. HOYER'S MAJORITY FUND			Date of Disbursement
- HOTEK S WAJORITT FUND			M M / D D / Y Y Y
Mailing Address 700 13TH STREET NW SUITE 600			10 22 2014
,	State Zip Code		Transaction ID : SB23.4501
WASHINGTON Purpose of Disbursement	DC 20005		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Cotomoral	5. Zash Biosaidonion uno i citou
		Category/ Type	1000.00
Office Sought: House Disbursen	nent For:	, , , , , , , , , , , , , , , , , , ,	
	Primary General		
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Bishamana
B. MIKULSKI FOR SENATE COMMIT	IEE		Date of Disbursement
Mailing Address PO BOX 13147			10 22 2014
Maining Address PO BOX 13147			10 22 2014
City	State Zip Code		Transaction ID : SB23.4495
2/12/11110/12	MD 21203		11a115a6ti011 ID . 3D23.4493
Purpose of Disbursement Contribution			Amount of Fook Diskumsman Will Dail
Candidate Name			Amount of Each Disbursement this Period
BARBARA MIKULSKI		Category/ Type	2500.00
	nent For: 2014	туре	
	Primary General		
President	Other (specify) ▼		
State: MD District: 00			
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
A4 ::: A 1.1			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
,			
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Cought	ant Fam	Туре	
Office Sought: House Disbursen Senate			
	Primary General  Other (specify)		
State: District:	Other (specify)		
2.0			
SUBTOTAL of Disbursements This Page (optional)			3500.00
22272172 0. 2.02010011101110 1 ago (optional)			7
TOTAL This Period (last page this line number only).			8000.00

SCHEDULE B (FEC Form 3X)		F05 :	NUMBER: PAGE 28 OF 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE I	NOMBER:
I EIVIIZED DISDURSEIVIEN IS	for each category of the	21b	22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c X 29 30
Any information copied from such Reports and Statem	nents may not be sold or used	hy any nereo	
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
MAXIM HEALTHCARE SERVICES INC	POLITICAL ACTION CO	OMMITTEE	(MAXIM HEALTHCARE PAC)
			·
Full Name (Last, First, Middle Initial)			B (B) .
1. Tom Wolf for Governor			Date of Disbursement
Mailing Address F2 F North Street Ste 2			10 16 2014
Mailing Address 53 E North Street, Ste 3			10 16 2014
City	State Zip Code		
York	PA 17401		Transaction ID : SB29.4490
Purpose of Disbursement	T I		
Non-Federal Contribution			Amount of Each Disbursement this Period
Candidate Name	] -	Category/	2500.00
Office Cought: House Bishows	ant For	Туре	2555.50
Office Sought: House Disbursen Senate	nent For:  Primary General		
	Other (specify)		
State: District:	Carlor (opcony)		
Full Name (Last, First, Middle Initial)			
3.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
-			
City	State Zip Code		
Purpose of Disbursement			
. , , , , , , , , , , , , , , , , , , ,			Amount of Each Disbursement this Period
Candidate Name	l	Category/	
		Type	
Office Sought: House Disbursen	nent For:		
	Primary General		
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Diahuwaana
C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
maining / durous			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name			Amount of Each Disbursement this Period
Candidate Ivalle		Category/	
Office Sought: House Disbursen	nent For:	Туре	7 7
	Primary General		
	Other (specify)		
State: District:	(-		
SUBTOTAL of Disbursements This Page (optional)			2500.00
TOTAL This Period (last page this line number only).			2500.00