

**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) ▼

PO BOX 66412

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20035

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

11 04

2014

in the
State of

5. Covering Period

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

10 16

2014

through

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

11 24

2014

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

Type or Print Name of Treasurer David Satterfield

Signature of Treasurer

David Satterfield

[Electronically Filed]

Date

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

12 04

2014

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 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
7. Total Disbursements (from Line 31)	10586.51	14736.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12673.01	12673.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
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

(i) Itemized (use Schedule A).....

4001.04

22263.56

(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

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))..... ▶

5936.76

27409.52

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)		
(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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	11000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2500.00	3500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10586.51	14736.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10586.51	14736.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5936.76	27409.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5936.76	27409.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	86.51	236.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	86.51	236.51

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

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

FOR LINE NUMBER: PAGE 6 OF 28
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kelli Camp

Mailing Address 225 S. Harrison St, #410

City State Zip Code
 Denver CO 80209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare

Occupation

Regional VP of Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.4558

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.4610

Amount of Each Receipt this Period

30.00

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

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

560.00

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

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

FOR LINE NUMBER: PAGE 7 OF 28
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.4712

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
Riva MD 21140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2014

Transaction ID : SA11AI.4765

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 28

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Raymond A Carbone

Mailing Address 367 Berkshire Drive

City State Zip Code
 Riva MD 21140

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11AI.4818

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Marcia Damm

Mailing Address 91 East Manning St #3

City State Zip Code
 Providence RI 02906

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare

Occupation

VP Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 13 / 2014

Transaction ID : SA11AI.4511

Amount of Each Receipt this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period

30.00

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

1560.00

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)

PAGE 9 OF 28

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.4578

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.4658

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : SA11AI.4708

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 28

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

11 / 14 / 2014

Transaction ID : SA11AI.4729

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Jarrod DePriest

Mailing Address 2251 Wild Plains Circle

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.4785

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.4703

Amount of Each Receipt this Period

15.00

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 11 OF 28
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 14 / 2014

Transaction ID : SA11AI.4745

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Matthew M Diaz

Mailing Address 2103 Wyckford Blvd

City State Zip Code
 Rocklin CA 95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11AI.4801

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Andrew M Friedell

Mailing Address 523A Epping Forrest Rd

City State Zip Code
 Annapolis MD 21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.4554

Amount of Each Receipt this Period

30.00

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 12 OF 28

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrew M Friedell

Mailing Address 523A Epping Forrest Rd

City State Zip Code
 Annapolis MD 21401

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1830.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 24 2014

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Andrew M Friedell

Mailing Address 523A Epping Forrest Rd

City State Zip Code
 Annapolis MD 21401

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1860.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 31 2014

Transaction ID : SA11AI.4661

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Andrew M Friedell

Mailing Address 523A Epping Forrest Rd

City State Zip Code
 Annapolis MD 21401

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1890.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 07 2014

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 28

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrew M Friedell

Mailing Address 523A Epping Forrest Rd

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

11 / 14 / 2014

Transaction ID : SA11AI.4760

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Andrew M Friedell

Mailing Address 523A Epping Forrest Rd

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.4814

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 17 / 2014

Transaction ID : SA11AI.4559

Amount of Each Receipt this Period

20.00

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:
(check only one)

PAGE 14 OF 28

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.4611

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.4655

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period

20.00

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 15 OF 28

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2014

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Robert K Gehman Jr

Mailing Address 229 Treherne Road

City

Lutherville

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.4819

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.4549

Amount of Each Receipt this Period

30.00

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

70.00

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 16 OF 28

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.4600

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.4659

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 28

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 14 / 2014

Transaction ID : SA11AI.4752

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Jeremy Ben Goldberg

Mailing Address 6484 Mountain Sky Road

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11AI.4807

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City State Zip Code
 Munchester MD 21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.4551

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 28

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Munchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.4602

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Munchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Munchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.4710

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 28

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Munchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 14 / 2014

Transaction ID : SA11AI.4754

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Laura L Hughes

Mailing Address 19914 Gunpowder Road

City

Munchester

State

MD

Zip Code

21102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

10 / 17 / 2014

Transaction ID : SA11AI.4520

Amount of Each Receipt this Period

28.00

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

88.00

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 20 OF 28
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.4573

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

B. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.4656

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

C. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.4706

Amount of Each Receipt this Period

28.00

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

84.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 28
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2014

Transaction ID : SA11AI.4725

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

B. Timothy L. Kuhn

Mailing Address 508 Wilton Road

City State Zip Code
Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.4781

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

C. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.40

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.4519

Amount of Each Receipt this Period

28.84

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

84.84

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 28

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.24

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.4572

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

B. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.08

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.4657

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

C. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.92

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.4707

Amount of Each Receipt this Period

28.84

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

86.52

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

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

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

FOR LINE NUMBER: PAGE 23 OF 28
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.76

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2014

Transaction ID : SA11AI.4724

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

B. Deeley C Middleton

Mailing Address 213 St Dunstons Road

City State Zip Code
Baltimore MD 21212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Vice President Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.4780

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

C. Eric Dwain Miller

Mailing Address 1406 Hemlock Hill Dr

City State Zip Code
Durham NC 27703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period

500.00

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

557.68

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 24 OF 28
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Marsha C Plaine

Mailing Address 3503 Nelson Meadow Ln

City Greensboro State NC Zip Code 27406

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Clinical Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.4704

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Marsha C Plaine

Mailing Address 3503 Nelson Meadow Ln

City Greensboro State NC Zip Code 27406

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Clinical Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 14 / 2014

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Marsha C Plaine

Mailing Address 3503 Nelson Meadow Ln

City Greensboro State NC Zip Code 27406

FEC ID number of contributing federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Area Clinical Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.4806

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 25 OF 28
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Daniel J Santobianco

Mailing Address 216 Shawmont Ave

City
Philadelphia

State Zip Code
PA 19128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maxim Healthcare Services Inc

Occupation

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.4782

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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

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

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

50.00

4001.04

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

PAGE 26 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address PO BOX 1631

City	State	Zip Code
BALTIMORE	MD	21203

Purpose of Disbursement
Contribution

Candidate Name

ELIJAH E CUMMINGS

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	11	/	2014

Transaction ID : SB23.4506

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DONNA EDWARDS FOR CONGRESS

Mailing Address P.O. BOX 441153

City	State	Zip Code
FORT WASHINGTON	MD	20749

Purpose of Disbursement
Contribution

Candidate Name

DONNA FERN EDWARDS

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	22	/	2014

Transaction ID : SB23.4503

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE

Mailing Address PO BOX 231

City	State	Zip Code
LUTHERVILLE	MD	21094

Purpose of Disbursement
Contribution

Candidate Name

C.A. DUTCH RUPPERSBERGER

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	22	/	2014

Transaction ID : SB23.4498

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

--

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

PAGE 27 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. HOYER'S MAJORITY FUND

Mailing Address 700 13TH STREET NW SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : SB23.4501

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MIKULSKI FOR SENATE COMMITTEE

Mailing Address PO BOX 13147

City	State	Zip Code
BALTIMORE	MD	21203

Purpose of Disbursement
Contribution

Candidate Name

BARBARA MIKULSKI

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MD	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : SB23.4495

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

3500.00

8000.00

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

PAGE 28 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tom Wolf for Governor

Mailing Address 53 E North Street, Ste 3

City	State	Zip Code
York	PA	17401

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SB29.4490

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

2500.00

2500.00
