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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auti	iorized Committee	Office Use Only
NAME OF TOWNS COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MAXIM HEALTHCARE S	ERVICES INC POLIT	ICAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)
ADDRESS (number and street)	228 S Washington St		
Check if different	Suite 115		
than previously reported. (ACC)	Alexandria		VA 22314
2. FEC IDENTIFICATION NUI	MBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00558932		S THIS EPORT NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (Q1		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE	Electio	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on//	in the State of
5. Covering Period 11	29 2016	through 12	31 2016
I certify that I have examined this	Report and to the best of Satterfield, David, , ,	my knowledge and belief it is	rue, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer	ield, David, , ,	[Electronically Filed]	Date 01 31 / 2017
NOTE: Submission of false, erroned	ous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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Page 2

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 2016	This Feriou	23610.00
(b)	Cash on Hand at Beginning of Reporting Period	12475.76	
(c)	Total Receipts (from Line 19)	12242.76	63767.92
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24718.52	87377.92
7. To	tal Disbursements (from Line 31)	4036.00	66695.40
Re	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	20682.52	20682.52
the	ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)	0.00	
the	ebts and Obligations Owed BY e Committee (Itemize all on chedule 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. 05/2016) Page 3

Write or Type Committee Name

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:	Total Tills Fellou	Calendal Teal-to-Date
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	11599.76	43229.98
(ii) Unitemized	643.00	20537.94
(iii) TOTAL (add		1 1 4 1 1 4 1 1 4 1
Lines 11(a)(i) and (ii)▶	12242.76	63767.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	12242.76	63767.92
Totals to Line 33, page 5) 2. Transfers From Affiliated/Other	4	4 4
Party Committees	0.00	0.00
	7	
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures	7 7 7	4 4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
17. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Fund Non-Federal Associate	S	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(IIOIII Scriedule 113)	0.00	0.00
(b) Lavin Funda (from Cabadula LIE)	0.00	0.00
(b) Levin Funds (from Schedule H5)	45 45 45	49. 49. 42.
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
		4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1
19. Total Receipts (add Lines 11(d),	10010 70	00707.00
12, 13, 14, 15, 16, 17, and 18(c))▶	12242.76	63767.92
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	12242.76	63767.92

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	15 15 1 0.100	outstidut to butt
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	36.00	595.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	36.00	595.40
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	30500.00
Independent Expenditures	4 4	
(use Schedule E)	0.00	0.00
(use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
O. Other Disbursements (Including Non-Federal Donations)	4000.00	35600.00
. Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4036.00	66695.40
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	4036.00	66695.40

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

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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)	12242.76	63767.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12242.76	63767.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	36.00	595.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36.00	595.40

Use separate schedule(s) for each category of the

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Alexander, Marcia, , , Date of Receipt Mailing Address 405 East St 2016 City Zip Code State Transaction ID: SA11AI.12932 MA Weymouth 02189 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional VP Maxim Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 2016 City State Zip Code Transaction ID: SA11AI.13352 Overland Park KS 66215 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Clinical Ops-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 02 2016 City State Zip Code Transaction ID: SA11AI.13353 KS Overland Park 66215 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Clinical Ops-1M Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 1510.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 2016 City Zip Code State Transaction ID: SA11AI.13354 KS Overland Park 66215 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Clinical Ops-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 16 2016 City State Zip Code Transaction ID: SA11AI.13355 Overland Park KS 66215 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Clinical Ops-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 23 2016 City State Zip Code Transaction ID: SA11AI.13356 KS Overland Park 66215 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Clinical Ops-1M Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Andrews, Haven, , , Date of Receipt Mailing Address 2 Tatnuck Ter 2016 City Zip Code State Transaction ID: SA11AI.12942 MA Worcester 01602 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Apperson, Kevin, D, , Date of Receipt Mailing Address 2235 Eutaw Place 2016 City State Zip Code Transaction ID: SA11AI.13093 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Chief Information Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1410.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Apperson, Kevin, D., Date of Receipt Mailing Address 2235 Eutaw Place 02 2016 City Zip Code State Transaction ID: SA11AI.13094 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Chief Information Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1440.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Apperson, Kevin, D, , Date of Receipt Mailing Address 2235 Eutaw Place 2016 City Zip Code State Transaction ID: SA11AI.13098 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Information Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1560.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beams, Michael, I,, Date of Receipt Mailing Address 3035 Panama Avenue 2016 City State Zip Code Transaction ID: SA11AI.13480 Carmichael CA 95608 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Beams, Michael, I, Date of Receipt Mailing Address 3035 Panama Avenue 02 2016 City State Zip Code Transaction ID: SA11AI.13482 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 310.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Beams, Michael, I,, Date of Receipt Mailing Address 3035 Panama Avenue 2016 City Zip Code State Transaction ID: SA11AI.13484 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beams, Michael, I,, Date of Receipt Mailing Address 3035 Panama Avenue 16 2016 City State Zip Code Transaction ID: SA11AI.13486 Carmichael CA 95608 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 330.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Beams, Michael, I, Date of Receipt Mailing Address 3035 Panama Avenue 23 2016 City State Zip Code Transaction ID: SA11AI.13488 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Α.	Full Name of Individual (Last, First, Middle Init Bennett, Kerry, , , Mailing Address 299 Fort Aupeck Ave	ial) or Full Org	anization Name	Date of Receipt
	City Oceanport	State NJ	Zip Code 07757	12 09 2016 Transaction ID : SA11AI.12957 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) Other (specify)	1 .	ation (for Individual) r Program Director ear-to-Date ▼ 245.00	Memo Item
В.	Full Name of Individual (Last, First, Middle Init Bennett, Kerry, , , Mailing Address 299 Fort Aupeck Ave	ial) or Full Org	anization Name	Date of Receipt 12 16 2016
	City Oceanport FEC ID number of contributing federal political committee.	State NJ	Zip Code 07757	Transaction ID : SA11AI.12958 Amount of Each Receipt this Period 5.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify) ▼		ation (for Individual) r Program Director ear-to-Date ▼ 250.00	Memo Item
C.	Full Name of Individual (Last, First, Middle Init Bennett, Kerry, , , Mailing Address 299 Fort Aupeck Ave City	ial) or Full Orga	anization Name	Date of Receipt 12 23 2016 Transaction ID: SA11AI.12959
	Oceanport FEC ID number of contributing federal political committee.	NJ	07757	Amount of Each Receipt this Period 5.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)	I	ation (for Individual) Program Director ear-to-Date ▼ 255.00	Memo Item
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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bennett, Kerry, , , Date of Receipt Mailing Address 299 Fort Aupeck Ave 2016 City Zip Code State Transaction ID: SA11AI.12960 NJ Oceanport 07757 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Senior Program Director Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Besancon, David, L,, Date of Receipt Mailing Address 4567 Ashview Ct. 2016 City State Zip Code Transaction ID: SA11AI.13276 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Besancon, David, L, Date of Receipt Mailing Address 4567 Ashview Ct. 02 2016 City Zip Code State Transaction ID: SA11AI.13278 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ____

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Besancon, David, L,, Date of Receipt Mailing Address 4567 Ashview Ct. 2016 City Zip Code State Transaction ID: SA11AI.13280 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Besancon, David, L,, Date of Receipt Mailing Address 4567 Ashview Ct. 16 2016 City State Zip Code Transaction ID: SA11AI.13282 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Besancon, David, L, Date of Receipt Mailing Address 4567 Ashview Ct. 23 2016 City Zip Code State Transaction ID: SA11AI.13284 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ____

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Bierlink, Aaron, F,, Date of Receipt Mailing Address 7007 180th St SW 2016 City Zip Code State Transaction ID: SA11AI.13536 WA Edmonds 98026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bierlink, Aaron, F, Date of Receipt Mailing Address 7007 180th St SW 16 2016 City State Zip Code Transaction ID: SA11AI.13537 WA Edmonds 98026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bierlink, Aaron, F, Date of Receipt Mailing Address 7007 180th St SW 23 2016 City Zip Code State Transaction ID: SA11AI.13538 WA Edmonds 98026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops-1M Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Bierlink, Aaron, F,, Date of Receipt Mailing Address 7007 180th St SW 2016 City Zip Code State Transaction ID: SA11AI.13539 WA Edmonds 98026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bigelow, Patricia, L,, Date of Receipt Mailing Address 139 Suburban Road 2016 City State Zip Code Transaction ID: SA11AI.13257 TN Knoxville 37923 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP of Clinical Ops. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bigelow, Patricia, L, Date of Receipt Mailing Address 139 Suburban Road 02 2016 City State Zip Code Transaction ID: SA11AI.13258 TN Knoxville 37923 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP of Clinical Ops. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 2016 City Zip Code State Transaction ID: SA11AI.13037 MD Ellicott City 21042 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President: Reg Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 2016 City State Zip Code Transaction ID: SA11AI.13038 Ellicott City MD 21042 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brusaschetti, Andrew, , , Date of Receipt Mailing Address 4708 Durham Court 29 2016 City State Zip Code Transaction ID: SA11AI.13510 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brusaschetti, Andrew, , , Date of Receipt Mailing Address 4708 Durham Court 2016 City Zip Code State Transaction ID: SA11AI.13518 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Brusaschetti, Andrew, , , Date of Receipt Mailing Address 4708 Durham Court 2016 City State Zip Code Transaction ID: SA11AI.13520 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Buhagiar, Jordan, , , Date of Receipt Mailing Address 3954 Martis St. 23 2016 City State Zip Code Transaction ID: SA11AI.13502 CA West Sacramento 95691 Amount of Each Receipt this Period FEC ID number of contributing C 4.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Staffing Receipt For: Aggregate Year-to-Date ▼ Primary General 204.00 Other (specify) 24.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Burd, Ryan, T,, Date of Receipt Mailing Address 13040 Avalon Crest Ct. 2016 City Zip Code State Transaction ID: SA11AI.13228 FL Riverview 33579 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Burd, Ryan, T, , Date of Receipt Mailing Address 13040 Avalon Crest Ct. 16 2016 City State Zip Code Transaction ID: SA11AI.13229 FL Riverview 33579 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Burd, Ryan, T., Date of Receipt Mailing Address 13040 Avalon Crest Ct. 23 2016 City State Zip Code Transaction ID: SA11AI.13230 FL Riverview 33579 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Burd, Ryan, T,, Date of Receipt Mailing Address 13040 Avalon Crest Ct. 2016 City Zip Code State Transaction ID: SA11AI.13231 FL Riverview 33579 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campbell, Theodore, Allen, Date of Receipt Mailing Address 1096 Tudor Drive 2016 City State Zip Code Transaction ID: SA11AI.13003 Breinigsville PA 18031 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campbell, Theodore, Allen, , Date of Receipt Mailing Address 1096 Tudor Drive 02 2016 City State Zip Code Transaction ID: SA11AI.13004 PΑ Breinigsville 18031 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Campbell, Theodore, Allen, , Date of Receipt Mailing Address 1096 Tudor Drive 2016 City Zip Code State Transaction ID: SA11AI.13005 PA Breinigsville 18031 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campbell, Theodore, Allen, Date of Receipt Mailing Address 1096 Tudor Drive 16 2016 City State Zip Code Transaction ID: SA11AI.13006 Breinigsville PA 18031 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Campbell, Theodore, Allen, , Date of Receipt Mailing Address 1096 Tudor Drive 23 2016 City State Zip Code Transaction ID: SA11AI.13007 PΑ Breinigsville 18031 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Carbone, Raymond, A,, Date of Receipt Mailing Address 367 Berkshire Drive 2016 City Zip Code State Transaction ID: SA11AI.13077 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Financial Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1470.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Carbone, Raymond, A, , Date of Receipt Mailing Address 367 Berkshire Drive 16 2016 City State Zip Code Transaction ID: SA11AI.13078 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Carbone, Raymond, A., Date of Receipt Mailing Address 367 Berkshire Drive 23 2016 City State Zip Code Transaction ID: SA11AI.13079 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1530.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Carlson, Donald, W., Date of Receipt Mailing Address 1358 Lynn Park Dr 2016 City Zip Code State Transaction ID: SA11AI.13299 OH Cleveland Heights 44121 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Account Manager - Staffing Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Christofferson, Tiffany, M, , Date of Receipt Mailing Address 78750 La Palma Dr 2016 City State Zip Code Transaction ID: SA11AI.13426 CA La Quinta 92253 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Christofferson, Tiffany, M. Date of Receipt Mailing Address 78750 La Palma Dr 02 2016 City State Zip Code Transaction ID: SA11AI.13427 CA La Quinta 92253 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Christofferson, Tiffany, M,, Date of Receipt Mailing Address 78750 La Palma Dr 2016 City Zip Code State Transaction ID: SA11AI.13431 CA La Quinta 92253 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coons, Jason, T,, Date of Receipt Mailing Address 1845 Oak Lane 2016 City State Zip Code Transaction ID: SA11AI.13224 FL Orlando 32803 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Coons, Jason, T., Date of Receipt Mailing Address 1845 Oak Lane 02 2016 City State Zip Code Transaction ID: SA11AI.13225 FL Orlando 32803 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Crane, Barbara, A,, Date of Receipt Mailing Address 2735 Dana Loop 2016 City Zip Code State Transaction ID: SA11AI.13504 El Dorado Hills CA 95762 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director of Clinical Services** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crane, Barbara, A,, Date of Receipt Mailing Address 2735 Dana Loop 2016 City State Zip Code Transaction ID: SA11AI.13505 El Dorado Hills CA 95762 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crane, Barbara, A, Date of Receipt Mailing Address 2735 Dana Loop 09 2016 City State Zip Code Transaction ID: SA11AI.13506 CA El Dorado Hills 95762 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Crawn, Susan, K, , Date of Receipt Mailing Address 1045 Braewick Cir. NW 2016 City Zip Code State Transaction ID: SA11AI.13312 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crawn, Susan, K,, Date of Receipt Mailing Address 1045 Braewick Cir. NW 2016 City State Zip Code Transaction ID: SA11AI.13313 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crawn, Susan, K, Date of Receipt Mailing Address 1045 Braewick Cir. NW 09 2016 City State Zip Code Transaction ID: SA11AI.13314 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Crisp, Michael, E,, Date of Receipt Mailing Address 4104 Calamar St 2016 City State Zip Code Transaction ID: SA11AI.13364 TX Ft. Worth 76106 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crisp, Michael, E,, Date of Receipt Mailing Address 4104 Calamar St 2016 City State Zip Code Transaction ID: SA11AI.13365 Ft. Worth TX 76106 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 \triangle C.

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Davis, James, , , Date of Receipt Mailing Address P.O. Box 468 2016 City Zip Code State Transaction ID: SA11AI.12934 MD Hanover 21076 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Chairman Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deeb, Brandi, L,, Date of Receipt Mailing Address 1506 Terra Oaks Court 2016 City State Zip Code Transaction ID: SA11AI.13128 MD Mount Airy 21771 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Controller - Regional HH Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Deeb, Brandi, L., Date of Receipt Mailing Address 1506 Terra Oaks Court 02 2016 City State Zip Code Transaction ID: SA11AI.13129 MD Mount Airy 21771 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Controller - Regional HH Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 5010.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Deeb, Brandi, L,, Date of Receipt Mailing Address 1506 Terra Oaks Court 2016 City Zip Code State Transaction ID: SA11AI.13133 MD Mount Airy 21771 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Controller - Regional HH Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DePriest, Jarrod, , , Date of Receipt Mailing Address 2251 Wild Plains Circle 2016 City State Zip Code Transaction ID: SA11AI.13511 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1410.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** DePriest, Jarrod, , , Date of Receipt Mailing Address 2251 Wild Plains Circle 02 2016 City State Zip Code Transaction ID: SA11AI.13513 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1440.00 Other (specify) 65.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name DePriest, Jarrod, , , Date of Receipt Mailing Address 2251 Wild Plains Circle 2016 City Zip Code State Transaction ID: SA11AI.13521 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1560.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dover, Wesley, R,, Date of Receipt Mailing Address 10635 Calle Mar de Mariposa 2016 Apt 5106 City State Zip Code Transaction ID: SA11AI.13420 CA San Diego 92130 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Dover, Wesley, R., Date of Receipt Mailing Address 10635 Calle Mar de Mariposa 02 2016 Apt 5106 City State Zip Code Transaction ID: SA11AI.13421 CA San Diego 92130 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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General

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Maxim Healthcare Services Inc

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Occupation (for Individual)

Administrative Officer

Aggregate Year-to-Date ▼

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Dover, Wesley, R,, Date of Receipt Mailing Address 10635 Calle Mar de Mariposa 2016 Apt 5106 City Zip Code State Transaction ID: SA11AI.13425 CA San Diego 92130 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ensor, Micah, , , Date of Receipt Mailing Address 6965 Old River Road 2016 City State Zip Code Transaction ID: SA11AI.13244 Nashville TN 37209 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ensor, Micah, , , Date of Receipt Mailing Address 6965 Old River Road 02 2016 City State Zip Code Transaction ID: SA11AI.13245 TN Nashville 37209 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Ensor, Micah, , , Date of Receipt Mailing Address 6965 Old River Road 2016 City Zip Code State Transaction ID: SA11AI.13246 TN Nashville 37209 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director of Field Support** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ensor, Micah, , , Date of Receipt Mailing Address 6965 Old River Road 16 2016 City State Zip Code Transaction ID: SA11AI.13247 Nashville TN 37209 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ensor, Micah, , , Date of Receipt Mailing Address 6965 Old River Road 23 2016 City State Zip Code Transaction ID: SA11AI.13248 TN Nashville 37209 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Feldman, Amy, , , Date of Receipt Mailing Address 10711 Huntwood Drive 2016 City Zip Code State Transaction ID: SA11AI.13023 Silver Spring MD 20901 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director of State Affairs** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Feldman, Amy, , , Date of Receipt Mailing Address 10711 Huntwood Drive 16 2016 City State Zip Code Transaction ID: SA11AI.13024 Silver Spring MD 20901 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Feldman, Amy, , , Date of Receipt Mailing Address 10711 Huntwood Drive 23 2016 City State Zip Code Transaction ID: SA11AI.13025 MD Silver Spring 20901 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Fernie, Elizabeth, D,, Date of Receipt Mailing Address 130 Cheswood Manor Dr 2016 City Zip Code State Transaction ID: SA11AI.13378 TX The Woodlands 77382 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fernie, Elizabeth, D,, Date of Receipt Mailing Address 130 Cheswood Manor Dr 16 2016 City State Zip Code Transaction ID: SA11AI.13379 The Woodlands TX 77382 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Fernie, Elizabeth, D, Date of Receipt Mailing Address 130 Cheswood Manor Dr 16 2016 City State Zip Code Transaction ID: SA11AI.13380 TX The Woodlands 77382 Amount of Each Receipt this Period FEC ID number of contributing -10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Frank, Kris, , , Date of Receipt Mailing Address 4771 Marlborough Way 2016 City Zip Code State Transaction ID: SA11AI.13483 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director of State Affairs** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Frank, Kris, , , Date of Receipt Mailing Address 4771 Marlborough Way 2016 City State Zip Code Transaction ID: SA11AI.13485 Carmichael CA 95608 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 490.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Frank, Kris, , , Date of Receipt Mailing Address 4771 Marlborough Way 16 2016 City State Zip Code Transaction ID: SA11AI.13487 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Friedell, Andrew, , , Date of Receipt Mailing Address 7227 Lee Deforest Drive 2016 City Zip Code State Transaction ID: SA11AI.13117 MD Columbia 21046 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Govt Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Friedell, Andrew, , , Date of Receipt Mailing Address 7227 Lee Deforest Drive 2016 City State Zip Code Transaction ID: SA11AI.13118 MD Columbia 21046 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Govt Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Friedell, Andrew, , , Date of Receipt Mailing Address 7227 Lee Deforest Drive 16 2016 City Zip Code State Transaction ID: SA11AI.13119 MD Columbia 21046 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Govt Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

SCHEDULE A (FEC Form 3X)

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Maxim Healthcare Services Inc	Vice	President - Govt Affairs									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1530.00									
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Mailing Address 7227 Lee Deforest Drive			12 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
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Name of Employer (for Individual) Maxim Healthcare Services Inc		upation (for Individual) e President - Govt Affairs	Memo Item								
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C. <u>F</u>	ll Name of Individual (Last, First, Middle Ini riedman, Toni-Jean, L, , ailing Address 3911 Briar Knoll Cir	itial) or Full Orga	anization Name	Date of Receipt
FE fed Na Ma	noenix C ID number of contributing deral political committee. Ime of Employer (for Individual) axim Healthcare Services Inconcept For: Primary General Other (specify)		Zip Code 21131-2123 ation (for Individual) resident ear-to-Date ▼ 235.00	Transaction ID : SA11AI.13540 Amount of Each Receipt this Period 5.00 Memo Item
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gehman, Robert, K, , Jr Date of Receipt Mailing Address 229 Treherne Road 2016 City Zip Code State Transaction ID: SA11AI.13046 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gehman, Robert, K, , Jr Date of Receipt Mailing Address 229 Treherne Road 2016 City State Zip Code Transaction ID: SA11AI.13047 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 980.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gehman, Robert, K, , Jr Date of Receipt Mailing Address 229 Treherne Road 16 2016 City Zip Code State Transaction ID: SA11AI.13048 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Gehman, Robert, K, , Jr Date of Receipt Mailing Address 229 Treherne Road 2016 City Zip Code State Transaction ID: SA11AI.13049 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1020.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gehman, Robert, K, , Jr Date of Receipt Mailing Address 229 Treherne Road 2016 City State Zip Code Transaction ID: SA11AI.13050 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1040.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Goad, Garrett, Ryan, , Date of Receipt Mailing Address 4734 Crater Rim Rd 29 2016 City State Zip Code Transaction ID: SA11AI.13402 CA Carlsbad 92010 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goad, Garrett, Ryan, , Date of Receipt Mailing Address 4734 Crater Rim Rd 2016 City Zip Code State Transaction ID: SA11AI.13406 CA Carlsbad 92010 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goad, Garrett, Ryan, , Date of Receipt Mailing Address 4734 Crater Rim Rd 2016 City State Zip Code Transaction ID: SA11AI.13407 Carlsbad CA 92010 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Goldberg, Jeremy, Ben, , Date of Receipt Mailing Address 6484 Mountain Sky Road 29 2016 City State Zip Code Transaction ID: SA11AI.13358 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1410.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Goldberg, Jeremy, Ben, , Date of Receipt Mailing Address 6484 Mountain Sky Road 2016 City Zip Code State Transaction ID: SA11AI.13359 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goldberg, Jeremy, Ben, , Date of Receipt Mailing Address 6484 Mountain Sky Road 2016 City State Zip Code Transaction ID: SA11AI.13360 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Goldberg, Jeremy, Ben, , Date of Receipt Mailing Address 6484 Mountain Sky Road 16 2016 City State Zip Code Transaction ID: SA11AI.13361 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Goldberg, Jeremy, Ben, , Date of Receipt Mailing Address 6484 Mountain Sky Road 2016 City Zip Code State Transaction ID: SA11AI.13362 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1530.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goldberg, Jeremy, Ben, , Date of Receipt Mailing Address 6484 Mountain Sky Road 2016 City State Zip Code Transaction ID: SA11AI.13363 TX Frisco 75034 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gonzalez, Rhonda, C, Date of Receipt Mailing Address 2512 Avocet Way 29 2016 City State Zip Code Transaction ID: SA11AI.13492 CA Lincoln 95648 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP of Clinical Ops. Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 65.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Gonzalez, Rhonda, C,, Date of Receipt Mailing Address 2512 Avocet Way 2016 City Zip Code State Transaction ID: SA11AI.13493 CA Lincoln 95648 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP of Clinical Ops. Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gonzalez, Rhonda, C, , Date of Receipt Mailing Address 2512 Avocet Way 2016 City State Zip Code Transaction ID: SA11AI.13494 CA Lincoln 95648 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP of Clinical Ops. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gonzalez, Rhonda, C., Date of Receipt Mailing Address 2512 Avocet Way 16 2016 City State Zip Code Transaction ID: SA11AI.13495 CA Lincoln 95648 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP of Clinical Ops. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Huffman, Christopher, C,, Date of Receipt Mailing Address 2727 Bandy Road 2016 City Zip Code State Transaction ID: SA11AI.13153 VA Roanoke 24014 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Huffman, Christopher, C,, Date of Receipt Mailing Address 2727 Bandy Road 2016 City State Zip Code Transaction ID: SA11AI.13154 VA Roanoke 24014 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Huffman, Christopher, C, Date of Receipt Mailing Address 2727 Bandy Road 16 2016 City Zip Code State Transaction ID: SA11AI.13155 Roanoke VA 24014 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Huffman, Christopher, C,, Date of Receipt Mailing Address 2727 Bandy Road 2016 City Zip Code State Transaction ID: SA11AI.13156 VA Roanoke 24014 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Account Manager - Homecare Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Huffman, Christopher, C,, Date of Receipt Mailing Address 2727 Bandy Road 2016 City State Zip Code Transaction ID: SA11AI.13157 VA Roanoke 24014 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Hughes, Laura, L, Date of Receipt Mailing Address 19914 Gunpowder Road 29 2016 City Zip Code State Transaction ID: SA11AI.13051 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General 1410.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Hughes, Laura, L, , Date of Receipt Mailing Address 19914 Gunpowder Road 2016 City Zip Code State Transaction ID: SA11AI.13055 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1530.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hughes, Laura, L, , Date of Receipt Mailing Address 19914 Gunpowder Road 2016 City State Zip Code Transaction ID: SA11AI.13056 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jacobs, Keith, , , Date of Receipt Mailing Address 435 S Robinson St 29 2016 City State Zip Code Transaction ID: SA11AI.13099 MD **Baltimore** 21224 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops-1M Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 65.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Jacobs, Keith, , , Date of Receipt Mailing Address 435 S Robinson St 2016 City Zip Code State Transaction ID: SA11AI.13107 MD **Baltimore** 21224 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jacobs, Keith, , , Date of Receipt Mailing Address 435 S Robinson St 2016 City State Zip Code Transaction ID: SA11AI.13109 MD **Baltimore** 21224 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kelly, Bart, A, Date of Receipt Mailing Address 13715 Summer Hill Dr. 29 2016 City State Zip Code Transaction ID: SA11AI.13069 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President-Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 940.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Kelly, Bart, A, , Date of Receipt Mailing Address 13715 Summer Hill Dr. 2016 City Zip Code State Transaction ID: SA11AI.13070 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President-Human Resources Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kelly, Bart, A,, Date of Receipt Mailing Address 13715 Summer Hill Dr. 2016 City State Zip Code Transaction ID: SA11AI.13071 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President-Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 980.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kelly, Bart, A, Date of Receipt Mailing Address 13715 Summer Hill Dr. 16 2016 City Zip Code State Transaction ID: SA11AI.13072 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President-Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Kuhn, Timothy, L., , Date of Receipt Mailing Address 508 Wilton Road 2016 City Zip Code State Transaction ID: SA11AI.13112 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1344.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kuhn, Timothy, L., Date of Receipt Mailing Address 508 Wilton Road 2016 City State Zip Code Transaction ID: SA11AI.13113 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Chief Culture Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1372.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kuhn, Timothy, L., Date of Receipt Mailing Address 508 Wilton Road 16 2016 City Zip Code State Transaction ID: SA11AI.13114 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Chief Culture Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) 84.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kuhn, Timothy, L., , Date of Receipt Mailing Address 508 Wilton Road 2016 City Zip Code State Transaction ID: SA11AI.13115 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1428.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Langley, William, J,, Date of Receipt Mailing Address 302 Bennett Street 2016 City State Zip Code Transaction ID: SA11AI.13194 Mount Pleasant SC 29464 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1175.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Langley, William, J., Date of Receipt Mailing Address 302 Bennett Street 02 2016 City Zip Code State Transaction ID: SA11AI.13195 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 78.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Langley, William, J,, Date of Receipt Mailing Address 302 Bennett Street 2016 City Zip Code State Transaction ID: SA11AI.13196 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Langley, William, J,, Date of Receipt Mailing Address 302 Bennett Street 16 2016 City State Zip Code Transaction ID: SA11AI.13197 Mount Pleasant SC 29464 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Langley, William, J., Date of Receipt Mailing Address 302 Bennett Street 23 2016 City State Zip Code Transaction ID: SA11AI.13198 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1275.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES IN	IC POLITIC	AL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Α.	Full Name of Individual (Last, First, Middle Initial Langley, William, J, , Mailing Address 302 Bennett Street	al) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	12 30 2016 Transaction ID : SA11AI.13199
	Mount Pleasant FEC ID number of contributing federal political committee.	SC C	29464	Amount of Each Receipt this Period 25.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc		ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1300.00	
В.	Full Name of Individual (Last, First, Middle Initial Lanier, Laura, K, , Mailing Address 650 Heartwood Dr.	al) or Full Orga	anization Name	Date of Receipt 11 29 2016
	City Winnabow	State NC	Zip Code 28479	Transaction ID : SA11AI.13176 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc		ation (for Individual) nal VP of Clinical Ops	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1410.00	
С.	Full Name of Individual (Last, First, Middle Initial Lanier, Laura, K , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 650 Heartwood Dr. City	State	Zip Code	12 02 2016
	Winnabow	NC NC	28479	Transaction ID : SA11AI.13177 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General Other (specify)		ation (for Individual) al VP of Clinical Ops ar-to-Date ▼ 1440.00	Memo Item
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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 of Individual (Last, First, Middle Initial) or Full Organization Name Lindsay, Michael, S, , Jr. Date of Receipt Mailing Address 1871 Thunderbird Trail 2016 City Zip Code State Transaction ID: SA11AI.13217 FL Maitland 32751 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Business Development Mgr-1M** Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Loesser, Lisa, M,, Date of Receipt Mailing Address 35 Hastings Rd. 2016 City State Zip Code Transaction ID: SA11AI.12967 NJ yardville 08620 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Loesser, Lisa, M, Date of Receipt Mailing Address 35 Hastings Rd. 02 2016 City Zip Code State Transaction ID: SA11AI.12968 NJ yardville 08620 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Martinez, Jadd, A,, Date of Receipt Mailing Address 3145 Calle Jazmin 2016 City Zip Code State Transaction ID: SA11AI.13437 CA San Luis Obispo 93401 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McNamara, Daniel, B,, Date of Receipt Mailing Address 51 Cypress St 2016 City State Zip Code Transaction ID: SA11AI.12985 Floral Park NY 11001 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 235.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. McNamara, Daniel, B, Date of Receipt Mailing Address 51 Cypress St 02 2016 City Zip Code State Transaction ID: SA11AI.12986 NY Floral Park 11001 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Eric, Dwain, , Date of Receipt Mailing Address 1406 Hemlock Hill Dr 2016 City Zip Code State Transaction ID: SA11AI.13169 NC Durham 27703 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Miller, Natalie, M., Date of Receipt Mailing Address 14057 Montecello Dr 2016 City State Zip Code Transaction ID: SA11AI.13122 MD Cooksville 21723 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Miller, Natalie, M., Date of Receipt Mailing Address 14057 Montecello Dr 02 2016 City State Zip Code Transaction ID: SA11AI.13123 MD Cooksville 21723 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Natalie, M, , Date of Receipt Mailing Address 14057 Montecello Dr 2016 City Zip Code State Transaction ID: SA11AI.13127 MD Cooksville 21723 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moore, Jeffrey, A,, Date of Receipt Mailing Address 250 Worthy Drive 2016 City State Zip Code Transaction ID: SA11AI.13232 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc National Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 470.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moore, Jeffrey, A, Date of Receipt Mailing Address 250 Worthy Drive 02 2016 City Zip Code State Transaction ID: SA11AI.13233 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc National Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Moran, Robert, J,, Date of Receipt Mailing Address 6430 Blenheim Road 2016 City Zip Code State Transaction ID: SA11AI.13086 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Moran, Robert, J, , Date of Receipt Mailing Address 6430 Blenheim Road 16 2016 City State Zip Code Transaction ID: SA11AI.13088 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moran, Robert, J., Date of Receipt Mailing Address 6430 Blenheim Road 23 2016 City State Zip Code Transaction ID: SA11AI.13090 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 2016 City Zip Code State Transaction ID: SA11AI.13243 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Peaslee, Robert, B, , Date of Receipt Mailing Address 210 Bentwood Ct 2016 City State Zip Code Transaction ID: SA11AI.13158 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 446.50 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Peaslee, Robert, B., Date of Receipt Mailing Address 210 Bentwood Ct 02 2016 City State Zip Code Transaction ID: SA11AI.13159 VASalem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 456.00 Other (specify) 29.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Peaslee, Robert, B, , Date of Receipt Mailing Address 210 Bentwood Ct 2016 City Zip Code State Transaction ID: SA11AI.13160 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 465.50 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Peaslee, Robert, B, , Date of Receipt Mailing Address 210 Bentwood Ct 16 2016 City State Zip Code Transaction ID: SA11AI.13161 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 475.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Peaslee, Robert, B., Date of Receipt Mailing Address 210 Bentwood Ct 23 2016 City State Zip Code Transaction ID: SA11AI.13162 VASalem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 484.50 Other (specify) 28.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Peaslee, Robert, B, , Date of Receipt Mailing Address 210 Bentwood Ct 2016 City Zip Code State Transaction ID: SA11AI.13163 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 494.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Pirtle, Paul, , , Date of Receipt Mailing Address 2864 Lebonnett Dr 2016 City State Zip Code Transaction ID: SA11AI.13389 TX **Beaumont** 77705 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 705.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Raja, Gautam, Chandramohan, Date of Receipt Mailing Address 8729 Fox Rest Drive 29 2016 City State Zip Code Transaction ID: SA11AI.13300 OH Brecksville 44141 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Executive - MHIS Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 29.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Raja, Gautam, Chandramohan, Date of Receipt Mailing Address 8729 Fox Rest Drive 2016 City Zip Code State Transaction ID: SA11AI.13301 OH Brecksville 44141 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Account Executive - MHIS Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Raja, Gautam, Chandramohan, Date of Receipt Mailing Address 8729 Fox Rest Drive 2016 City State Zip Code Transaction ID: SA11AI.13302 OH Brecksville 44141 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Executive - MHIS Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Raja, Gautam, Chandramohan, Date of Receipt Mailing Address 8729 Fox Rest Drive 16 2016 City State Zip Code Transaction ID: SA11AI.13303 OH Brecksville 44141 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Executive - MHIS Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Raja, Gautam, Chandramohan, Date of Receipt Mailing Address 8729 Fox Rest Drive 2016 City Zip Code State Transaction ID: SA11AI.13304 OH Brecksville 44141 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Account Executive - MHIS Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Raja, Gautam, Chandramohan, Date of Receipt Mailing Address 8729 Fox Rest Drive 2016 City State Zip Code Transaction ID: SA11AI.13305 Brecksville OH 44141 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Executive - MHIS Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 29 2016 City Zip Code State Transaction ID: SA11AI.13170 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1344.00 Other (specify) 38.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2016 City Zip Code State Transaction ID: SA11AI.13171 Wilmington NC 28411 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1372.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2016 City State Zip Code Transaction ID: SA11AI.13172 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 16 2016 City State Zip Code Transaction ID: SA11AI.13173 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1428.00 Other (specify) 84.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Riddle, Laura, J,, Date of Receipt Mailing Address 39 Blake Rd. 2016 City Zip Code State Transaction ID: SA11AI.12944 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Riddle, Laura, J, , Date of Receipt Mailing Address 39 Blake Rd. 2016 City State Zip Code Transaction ID: SA11AI.12945 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Riddle, Laura, J, Date of Receipt Mailing Address 39 Blake Rd. 16 2016 City Zip Code State Transaction ID: SA11AI.12946 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Riddle, Laura, J,, Date of Receipt Mailing Address 39 Blake Rd. 2016 City Zip Code State Transaction ID: SA11AI.12947 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Riddle, Laura, J, , Date of Receipt Mailing Address 39 Blake Rd. 2016 City State Zip Code Transaction ID: SA11AI.12948 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rozelle, Christopher, M., Date of Receipt Mailing Address 5652 Sandstone Dr 29 2016 City State Zip Code Transaction ID: SA11AI.13206 FL Pace 32571 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schevitz, Charles, M,, Date of Receipt Mailing Address 204 Ritterslea Court 2016 City Zip Code State Transaction ID: SA11AI.13058 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Director - Employee Rel Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Schevitz, Charles, M,, Date of Receipt Mailing Address 204 Ritterslea Court 2016 City State Zip Code Transaction ID: SA11AI.13059 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Director - Employee Rel Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 490.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Schevitz, Charles, M., Date of Receipt Mailing Address 204 Ritterslea Court 16 2016 City Zip Code State Transaction ID: SA11AI.13060 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Director - Employee Rel Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Schevitz, Charles, M,, Date of Receipt Mailing Address 204 Ritterslea Court 2016 City Zip Code State Transaction ID: SA11AI.13061 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Director - Employee Rel Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Schevitz, Charles, M,, Date of Receipt Mailing Address 204 Ritterslea Court 2016 City State Zip Code Transaction ID: SA11AI.13062 Owings Mills MD 21117 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Director - Employee Rel Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 29 2016 City Zip Code State Transaction ID: SA11AI.13063 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2016 City Zip Code State Transaction ID: SA11AI.13067 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President: Reg Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2016 City State Zip Code Transaction ID: SA11AI.13068 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Smalley, John, P., Date of Receipt Mailing Address 4535 N Camino del Obispo 29 2016 Zip Code City State Transaction ID: SA11AI.13390 ΑZ Tucson 85718 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Spahr, Brian, M,, Date of Receipt Mailing Address 2421 Bear Rock Gln 2016 City Zip Code State Transaction ID: SA11AI.13408 CA Escondido 92026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Business Dev Mgr - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Spahr, Brian, M,, Date of Receipt Mailing Address 2421 Bear Rock Gln 2016 City State Zip Code Transaction ID: SA11AI.13409 CA Escondido 92026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Business Dev Mgr - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Spahr, Brian, M, Date of Receipt Mailing Address 2421 Bear Rock Gln 09 2016 City State Zip Code Transaction ID: SA11AI.13410 CA Escondido 92026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Business Dev Mgr - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Truman, Brandon, K,, Date of Receipt Mailing Address 240 Ringneck Drive 2016 City Zip Code State Transaction ID: SA11AI.12997 PA Harrisburg 17112 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Truman, Brandon, K, , Date of Receipt Mailing Address 240 Ringneck Drive 2016 City State Zip Code Transaction ID: SA11AI.12998 PA Harrisburg 17112 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Truman, Brandon, K, Date of Receipt Mailing Address 240 Ringneck Drive 09 2016 City State Zip Code Transaction ID: SA11AI.12999 PΑ Harrisburg 17112 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Vander Linden, Brandon, J,, Date of Receipt Mailing Address 53 Alvarado St 2016 City Zip Code State Transaction ID: SA11AI.13450 CA San Francisco 94110 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vander Linden, Brandon, J, Date of Receipt Mailing Address 53 Alvarado St 2016 City State Zip Code Transaction ID: SA11AI.13451 CA San Francisco 94110 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Vander Linden, Brandon, J., Date of Receipt Mailing Address 53 Alvarado St 09 2016 City State Zip Code Transaction ID: SA11AI.13452 CA San Francisco 94110 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Wallace, Daniel, P,, Date of Receipt Mailing Address 424 Brewer Ave. 2016 16 City Zip Code State Transaction ID: SA11AI.13309 OH Akron 44305 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wallace, Daniel, P,, Date of Receipt Mailing Address 424 Brewer Ave. 2016 City State Zip Code Transaction ID: SA11AI.13310 OH Akron 44305 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wallace, Daniel, P., Date of Receipt Mailing Address 424 Brewer Ave. 30 2016 City Zip Code State Transaction ID: SA11AI.13311 OH Akron 44305 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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$ \rangle$	MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION (СОМ	MIT	TEE	(MAX	IM F	HEAL	.TH	CAI	REI	PAC))	
$\overline{}$	Full Name (Last, First, Middle Initial)														
Α.	BB&T						Date of Disbursement								
	Mailing Address 300 S Washington St						12		2	21	L	2	2016	_	
	City Alexandria	State VA	Zip Code 22314				FEC	ldent	ificatio	n Nı	umbe	эr			
	Purpose of Disbursement	VA	22314			_									
	Bank Fee			Г		П	C								
	Candidate Name				egor	//	-		action Each					Peri	iod
	Office Sought: House Disburser	ment For:			уре		Т.		-	_			36.	00	
	Senate	Primary	General						7	_	7				
	State: District:	Other (spec	cify) 🔻				N	1emo	Item						
_	Full Name (Last, First, Middle Initial)														
В.							Date	of Di	isburse	emer	nt				
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	Mailing Address						_		L		L	_		_	
	City	State	Zip Code				FEC	ldent	ificatio	n Nı	umbe	er			
	Purpose of Disbursement				_	-	С		-	T		_			
						Ш	<u> </u>								
	Candidate Name	Category/ Type			//	Amount of Each Disbursement this Period						od			
	Office Sought: House Disburser	ment For:	nent For: Primary General												
	Senate	,													
	State: President State:	Other (spec	r (specity)					Memo Item							
	Full Name (Last, First, Middle Initial)														
C.							Date	of D	isburse	mer	nt _				
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	City	State	Zip Code				FEC	ldent	ificatio	n Nı	umbe	er		ı	
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	Candidate Name					.,	Amou	ınt of	Each	Die	hure	omor	nt thic	Dori	iod
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		ment For:							7						
	Senate President	Primary Other (spec	General				-								
	State: District:	Other (spec	√lly) ▼				N	1emo	Item						
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s	UBTOTAL of Disbursements This Page (optional)					•	L.		7				36	.00	
 	OTAL This Period (last page this line number only)	١				_							36	.00	\Box
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SCHEDULE B (FEC Form 3X)	III	FOR LINE	FOR LINE NUMBER: PAGE 164 OF 165						
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of	the Concort on							
	Detailed Summary P								
Any information copied from such Reports and State	ements may not be sold								
or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)	DOLUTION ACTIO		E (MANVINALIE AL TURA DE DARO)						
MAXIM HEALTHCARE SERVICES INC	POLITICAL ACTION	ON COMMITTE	E (MAXIM HEALTHCARE PAC)						
Full Name (Last, First, Middle Initial)									
A. Four Price Campaign			Date of Disbursement						
Mailing Address P.O. Box 1749			11 29 2016						
Mailing Address 1.0. Box 1749			11 29 2016						
City	State Zip Code		FEC Identification Number						
Amarillo Purpose of Disbursement	TX 79105								
Non-federal Political Contribution			C Transaction ID - SP20 42025						
Candidate Name		Category/	Transaction ID : SB29.12925 Amount of Each Disbursement this Period						
Office Coughts House		Туре	1000.00						
Office Sought: House Disburse Senate	ement For: Primary	eral	1000.00						
President	Other (specify) ▼		Memo Item						
State: District:			I welle tell						
Full Name (Last, First, Middle Initial) B. Senator Joe 'Chuy' Hingiosa Cam			Date of Disbursement						
B. Senator Joe 'Chuy' Hinojosa Cam	paign		M M / D D / Y Y Y						
Mailing Address 612 W Nolana			11 29 2016						
Suite 410	01-1- 7:- 0-1-								
City McAllen	State Zip Code TX 78504		FEC Identification Number						
Purpose of Disbursement	l l		C						
Non-federal Political Contribution Candidate Name			Transaction ID : SB29.12929						
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 1000.00						
Office Sought: House Disburse	ement For:	.,,,,,							
Senate	Primary Gene	eral							
President State: District:	Other (specify)		Memo Item						
Full Name (Last, First, Middle Initial)									
C. Texans for Charles Schwertner			Date of Disbursement						
Matter Address DO D D D			M M / D D / Y Y Y Y						
Mailing Address P.O. Box 2448			11 29 2016						
City	State Zip Code		FEC Identification Number						
Georgetown Purpose of Disbursement	TX 78627								
Non-federal Political Contribution			Transaction ID : SB29.12924						
Candidate Name		Category/	Amount of Each Disbursement this Period						
Office Sought: House Disburse	omant Far	Туре	1000.00						
Office Sought: House Disburse Senate	ement For: Primary	eral	1000.00						
President	Other (specify) ▼		Memo Item						
State: District:	-		LI MONO NON						
SUPTOTAL of Dishursoments This Days (artists 1)			3000.00						
SUBTOTAL of Disbursements This Page (optional)		·····	7 355550						
TOTAL This Period (last page this line number only	/)								

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 165 OF 165							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (chec			neck only one)						
		category of the Summary Page	` 21b							
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NAME OF COMMITTEE (In Full)										
MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION (COMMITTE	E (MAXIM HEALTHCARE PAC)						
Full Name (Last, First, Middle Initial)										
A. Texans for Joe Straus				Date of Disbursement						
Mailing Address 7373 Broadway Suite 202-A				11 29 2016						
City San Antonio	State TX	Zip Code 78209		FEC Identification Number						
Purpose of Disbursement		70203		C						
Non-federal Political Contribution			1 1							
Candidate Name			Category/	Transaction ID : SB29.12927 Amount of Each Disbursement this Period						
			Type	1000.00						
Office Sought: House Disburse Senate	ment For: Primary	General		1000.00						
President	Other (spec			П., .						
State: District:	· · ·	,, ,		Memo Item						
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Candidate Name			Category/	Amount of Each Disbursement this Period						
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Senate President										
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City	State	Zip Code		FEC Identification Number						
Purpose of Disbursement				C						
			L							
Candidate Name			Category/ Type	Amount of Each Disbursement this Period						
	ment For:									
Senate	Primary	General								
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Diamet.										
SUBTOTAL of Disbursements This Page (optional)				1000.00						
				1222.22						
TOTAL This Period (last page this line number only)			4000.00						