

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

Office Use Only

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

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

ADDRESS (number and street)

228 S Washington St

Suite 115

Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00558932

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M /

D D /

Y Y Y Y Y Y

11

08

2016

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

10

01

2016

through

M M /

D D /

Y Y Y Y Y Y

10

19

2016

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

Satterfield, David, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Satterfield, David, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

10

27

2016

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2016 To: M M / D D / Y Y Y Y Y 10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2016		23610.00
(b) Cash on Hand at Beginning of Reporting Period.....	13363.38	
(c) Total Receipts (from Line 19)	1921.92	46699.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15285.30	70309.86
7. Total Disbursements (from Line 31).....	6544.84	61569.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8740.46	8740.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1554.92	27287.42
(ii) Unitemized	367.00	19412.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1921.92	46699.86
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1921.92	46699.86
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1921.92	46699.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1921.92	46699.86

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	44.84	469.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	44.84	469.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	30500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	30600.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6544.84	61569.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6544.84	61569.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1921.92	46699.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1921.92	46699.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	44.84	469.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	44.84	469.40

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

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

FOR LINE NUMBER: PAGE 6 OF 47
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Alvarez, Heather, L, ,

Mailing Address 12931 West 105th St

City

Overland Park

State

KS

Zip Code

66215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of Clinical Ops-1M

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12308

Amount of Each Receipt this Period

5.00



Memo Item

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

B. Address, Wilson, B, ,

Mailing Address 215 Elizabeth St

City

Greenville

State

SC

Zip Code

29609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Administrative Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12309

Amount of Each Receipt this Period

5.00



Memo Item

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

C. Andrews, Haven, , ,

Mailing Address 2 Tatnuck Ter

City

Worcester

State

MA

Zip Code

01602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12209

Amount of Each Receipt this Period

10.00



Memo Item

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

20.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 47

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

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NAME OF COMMITTEE (In Full)

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

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

A. Andrews, Haven, , ,

Mailing Address 2 Tatnuck Ter

City
Worcester

State
MA

Zip Code
01602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12310

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Apperson, Kevin, D, ,

Mailing Address 2235 Eutaw Place

City
Baltimore

State
MD

Zip Code
21217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12210

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Apperson, Kevin, D, ,

Mailing Address 2235 Eutaw Place

City
Baltimore

State
MD

Zip Code
21217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12311

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 8 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Beams, Michael, I, ,

Mailing Address 3035 Panama Avenue

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12211

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Beams, Michael, I, ,

Mailing Address 3035 Panama Avenue

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12312

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Bennett, Kerry, , ,

Mailing Address 299 Fort Aupeck Ave

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12313

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 47
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Besancon, David, L, ,

Mailing Address 4567 Ashview Ct.

City
HilliardState
OHZip Code
43026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	14	2016

Transaction ID : SA11AI.12314

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. Bierlink, Aaron, F, ,

Mailing Address 7007 180th St SW

City
EdmondsState
WAZip Code
98026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Director of Business Ops-1M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	14	2016

Transaction ID : SA11AI.12316

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Bodmer, Christopher, , ,

Mailing Address 903 Sill Ridge Drive

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	07	2016

Transaction ID : SA11AI.12217

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

20.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Bodmer, Christopher, , ,

Mailing Address 903 Sill Ridge Drive

City
O'Fallon

State
MO

Zip Code
63368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12318

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Brickhouse, Duane, , ,

Mailing Address 3605 Ligon road

City
Ellicott City

State
MD

Zip Code
21042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President: Reg Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12319

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Brusaschetti, Andrew, , ,

Mailing Address 4708 Durham Court

City
Rocklin

State
CA

Zip Code
95765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12219

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

25.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Brusaschetti, Andrew, , ,

Mailing Address 4708 Durham Court

City
Rocklin

State
CA

Zip Code
95765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12320

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Burd, Ryan, T, ,

Mailing Address 13040 Avalon Crest Ct.

City
Riverview

State
FL

Zip Code
33579

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12322

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Campbell, Theodore, Allen, ,

Mailing Address 1096 Tudor Drive

City
Breinigsville

State
PA

Zip Code
18031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12323

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

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

20.00

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

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

FOR LINE NUMBER: PAGE 12 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Carbone, Raymond, A, ,

Mailing Address 367 Berkshire Drive

City
Riva

State
MD

Zip Code
21140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12224

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Carbone, Raymond, A, ,

Mailing Address 367 Berkshire Drive

City
Riva

State
MD

Zip Code
21140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12325

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Carlson, Donald, W, ,

Mailing Address 1358 Lynn Park Dr

City
Cleveland Heights

State
OH

Zip Code
44121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Account Manager - Staffing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12326

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

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

65.00

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

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

FOR LINE NUMBER: PAGE 13 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Christofferson, Tiffany, M, ,

Mailing Address 78750 La Palma Dr

City
La Quinta

State
CA

Zip Code
92253

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12327

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. Coons, Jason, T, ,

Mailing Address 1845 Oak Lane

City
Orlando

State
FL

Zip Code
32803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12328

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Crane, Barbara, A, ,

Mailing Address 2735 Dana Loop

City
El Dorado Hills

State
CA

Zip Code
95762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12329

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 14 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Crawn, Susan, K, ,

Mailing Address 1045 Braewick Cir. NW

City
Massillon

State
OH

Zip Code
44646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations-1M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12229

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Crawn, Susan, K, ,

Mailing Address 1045 Braewick Cir. NW

City
Massillon

State
OH

Zip Code
44646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations-1M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12330

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Crisp, Michael, E, ,

Mailing Address 4104 Calamar St

City
Ft. Worth

State
TX

Zip Code
76106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12331

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

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

25.00

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

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

FOR LINE NUMBER: PAGE 15 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Deeb, Brandi, L, ,

Mailing Address 1506 Terra Oaks Court

City
Mount Airy

State
MD

Zip Code
21771

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Controller - Regional HH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12333

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. DePriest, Jarrod, , ,

Mailing Address 2251 Wild Plains Circle

City
Rocklin

State
CA

Zip Code
95765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12233

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. DePriest, Jarrod, , ,

Mailing Address 2251 Wild Plains Circle

City
Rocklin

State
CA

Zip Code
95765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12334

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

65.00

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

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

FOR LINE NUMBER: PAGE 16 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Dover, Wesley, R, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 10635 Calle Mar de Mariposa Apt 5106 City San Diego State CA Zip Code 92130 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Maxim Healthcare Services Inc Occupation (for Individual) Administrative Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016 Transaction ID : SA11AI.12335 Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item
B. Elliott, Joshua, R, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 6980 Roswell Rd B7 City Atlanta State GA Zip Code 30328 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Maxim Healthcare Services Inc Occupation (for Individual) Account Manager - Staffing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016 Transaction ID : SA11AI.12336 Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item
C. Ensor, Micah, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 6965 Old River Road City Nashville State TN Zip Code 37209 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Maxim Healthcare Services Inc Occupation (for Individual) Director of Field Support Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2016 Transaction ID : SA11AI.12236 Amount of Each Receipt this Period 10.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶		20.00
TOTAL This Period (last page this line number only)..... ▶		

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 47

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

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NAME OF COMMITTEE (In Full)

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

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

A. Ensor, Micah, , ,

Mailing Address 6965 Old River Road

City
Nashville

State
TN

Zip Code
37209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Field Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12337

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Feldman, Amy, , ,

Mailing Address 10711 Huntwood Drive

City
Silver Spring

State
MD

Zip Code
20901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12237

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Feldman, Amy, , ,

Mailing Address 10711 Huntwood Drive

City
Silver Spring

State
MD

Zip Code
20901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12338

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 47
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Fernie, Elizabeth, D, ,

Mailing Address 130 Cheswood Manor Dr

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

10 / 07 / 2016

Transaction ID : SA11AI.12238

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Fernie, Elizabeth, D, ,

Mailing Address 130 Cheswood Manor Dr

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 14 / 2016

Transaction ID : SA11AI.12339

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Frank, Kris, , ,

Mailing Address 4771 Marlborough Way

City

Carmichael

State

CA

Zip Code

95608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 07 / 2016

Transaction ID : SA11AI.12239

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 19 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Frank, Kris, , ,

Mailing Address 4771 Marlborough Way

City
Carmichael

State
CA

Zip Code
95608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

10 / 14 / 2016

Transaction ID : SA11AI.12340

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Friedell, Andrew, , ,

Mailing Address 7227 Lee Deforest Drive

City
Columbia

State
MD

Zip Code
21046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

10 / 07 / 2016

Transaction ID : SA11AI.12240

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Friedell, Andrew, , ,

Mailing Address 7227 Lee Deforest Drive

City
Columbia

State
MD

Zip Code
21046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

10 / 14 / 2016

Transaction ID : SA11AI.12341

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 20 OF 47
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Friedman, Toni-Jean, L, ,

Mailing Address 3911 Briar Knoll Cir

City
Phoenix

State
MD

Zip Code
21131-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12342

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. Gehman, Robert, K, , Jr

Mailing Address 229 Treherne Road

City
Lutherville

State
MD

Zip Code
21093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12242

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Gehman, Robert, K, , Jr

Mailing Address 229 Treherne Road

City
Lutherville

State
MD

Zip Code
21093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12343

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

45.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Goad, Garrett, Ryan, ,

Mailing Address 4734 Crater Rim Rd

City
Carlsbad

State
CA

Zip Code
92010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12243

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Goad, Garrett, Ryan, ,

Mailing Address 4734 Crater Rim Rd

City
Carlsbad

State
CA

Zip Code
92010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12344

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Goldberg, Jeremy, Ben, ,

Mailing Address 6484 Mountain Sky Road

City
Frisco

State
TX

Zip Code
75034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12244

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

50.00

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

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Goldberg, Jeremy, Ben, ,

Mailing Address 6484 Mountain Sky Road

City
Frisco

State
TX

Zip Code
75034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12345

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Gonzalez, Rhonda, C, ,

Mailing Address 2512 Avocet Way

City
Lincoln

State
CA

Zip Code
95648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP of Clinical Ops.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12346

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Huffman, Christopher, C, ,

Mailing Address 2727 Bandy Road

City
Roanoke

State
VA

Zip Code
24014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Account Manager - Homecare

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12350

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

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

40.00

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

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

FOR LINE NUMBER: PAGE 23 OF 47

(check only one)

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

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

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

A. Hughes, Laura, L, ,

Mailing Address 19914 Gunpowder Road

City
Manchester

State
MD

Zip Code
21102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12251

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Hughes, Laura, L, ,

Mailing Address 19914 Gunpowder Road

City
Manchester

State
MD

Zip Code
21102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
VP of Medicare West & Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12351

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Jacobs, Keith, , ,

Mailing Address 435 S Robinson St

City
Baltimore

State
MD

Zip Code
21224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12352

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

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

65.00

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

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

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

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

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

A. Kelly, Bart, A, ,

Mailing Address 13715 Summer Hill Dr.

City
Phoenix

State
MD

Zip Code
21131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12253

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Kelly, Bart, A, ,

Mailing Address 13715 Summer Hill Dr.

City
Phoenix

State
MD

Zip Code
21131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12353

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Kuhn, Timothy, L., ,

Mailing Address 508 Wilton Road

City
Towson

State
MD

Zip Code
21286

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Chief Culture Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12255

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

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

68.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Kuhn, Timothy, L., ,

Mailing Address 508 Wilton Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Chief Culture Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1148.00

Date of Receipt

10 / 14 / 2016

Transaction ID : SA11AI.12355

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

B. Langley, William, J., ,

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 07 / 2016

Transaction ID : SA11AI.12256

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Langley, William, J., ,

Mailing Address 302 Bennett Street

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

10 / 14 / 2016

Transaction ID : SA11AI.12356

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

78.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City
Winnabow

State
NC

Zip Code
28479

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12257

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Lanier, Laura, K, ,

Mailing Address 650 Heartwood Dr.

City
Winnabow

State
NC

Zip Code
28479

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12357

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Liberty, Anthony, , ,

Mailing Address 2745 Cordgrass Street

City
Oviedo

State
FL

Zip Code
32765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12258

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

70.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

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

A. Liberty, Anthony, , ,

Mailing Address 2745 Cordgrass Street

City
Oviedo

State
FL

Zip Code
32765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12358

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Lindsay, Michael, S, , Jr.

Mailing Address 1871 Thunderbird Trail

City
Maitland

State
FL

Zip Code
32751

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Development Mgr-1M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12359

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Loesser, Lisa, M, ,

Mailing Address 35 Hastings Rd.

City
yardville

State
NJ

Zip Code
08620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12360

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

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

20.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

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

A. Markewicz, Jeremy, T., ,

Mailing Address 2678 Westbreeze Dr

City
Hilliard

State
OH

Zip Code
43026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.80

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12262

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

B. Markewicz, Jeremy, T., ,

Mailing Address 2678 Westbreeze Dr

City
Hilliard

State
OH

Zip Code
43026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.42

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12362

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

C. Martinez, Christopher, H., ,

Mailing Address 481 W Audubon Dr
#228

City
Fresno

State
CA

Zip Code
93711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Account Manager - Homecare

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12263

Amount of Each Receipt this Period

6.00

☐ Memo Item

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

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

25.24

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

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

A. Martinez, Christopher, H, ,

Mailing Address 481 W Audubon Dr
#228

City
Fresno

State
CA

Zip Code
93711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Account Manager - Homecare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12363

Amount of Each Receipt this Period

6.00

☐ Memo Item

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

B. Martinez, Jadd, A, ,

Mailing Address 3145 Calle Jazmin

City

San Luis Obispo

State

CA

Zip Code

93401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12264

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Martinez, Jadd, A, ,

Mailing Address 3145 Calle Jazmin

City

San Luis Obispo

State

CA

Zip Code

93401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12364

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

26.00

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

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

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

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

A. McNamara, Daniel, B, ,

Mailing Address 51 Cypress St

City
Floral ParkState
NYZip Code
11001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12365

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstons Road

City
BaltimoreState
MDZip Code
21212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12267

Amount of Each Receipt this Period

28.84

☐ Memo Item

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

c. Middleton, Deeley, C, ,

Mailing Address 213 St Dunstons Road

City
BaltimoreState
MDZip Code
21212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Regional VP of Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1182.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12367

Amount of Each Receipt this Period

28.84

☐ Memo Item

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

62.68

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

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Miller, Eric, Dwain, ,

Mailing Address 1406 Hemlock Hill Dr

City
Durham

State
NC

Zip Code
27703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12268

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Miller, Eric, Dwain, ,

Mailing Address 1406 Hemlock Hill Dr

City
Durham

State
NC

Zip Code
27703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12368

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Miller, Natalie, M, ,

Mailing Address 14057 Montecello Dr

City
Cookeville

State
MD

Zip Code
21723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations-1M

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12269

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

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

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

A. Miller, Natalie, M, ,

Mailing Address 14057 Montecello Dr

City
Cooksville

State
MD

Zip Code
21723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area VP Clinical Operations-1M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12369

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Moore, Jeffrey, A, ,

Mailing Address 250 Worthy Drive

City
Franklin

State
TN

Zip Code
37064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
National Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12270

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Moore, Jeffrey, A, ,

Mailing Address 250 Worthy Drive

City
Franklin

State
TN

Zip Code
37064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
National Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12370

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

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

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

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

A. Moore, Tricia, A, ,

Mailing Address 833 Ninth Avenue

City
Toms River

State
NJ

Zip Code
08757

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12371

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. Moran, Robert, J, ,

Mailing Address 6430 Blenheim Road

City
Baltimore

State
MD

Zip Code
21212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12272

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Moran, Robert, J, ,

Mailing Address 6430 Blenheim Road

City
Baltimore

State
MD

Zip Code
21212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12372

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

25.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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

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

A. Nasuta, Vincent, M, ,

Mailing Address 4 Bartine St

City
Toms River

State
NJ

Zip Code
08753

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Account Manager - Homecare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12373

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. Nestell, Tamara, K, ,

Mailing Address 439 Brahma Ln.

City
Pioneer

State
TN

Zip Code
37847

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12374

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Nichols, James, , ,

Mailing Address 296 Dandridge Dr.

City
Franklin

State
TN

Zip Code
37067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12275

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

20.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Nichols, James, , ,

Mailing Address 296 Dandridge Dr.

City
Franklin

State
TN

Zip Code
37067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12375

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Peaslee, Robert, B, ,

Mailing Address 210 Bentwood Ct

City
Salem

State
VA

Zip Code
24153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12277

Amount of Each Receipt this Period

9.50

☐ Memo Item

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

C. Peaslee, Robert, B, ,

Mailing Address 210 Bentwood Ct

City
Salem

State
VA

Zip Code
24153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

389.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12377

Amount of Each Receipt this Period

9.50

☐ Memo Item

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

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

29.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Pirtle, Paul, , ,

Mailing Address 2864 Lebonnett Dr

City
Beaumont

State
TX

Zip Code
77705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12278

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Pirtle, Paul, , ,

Mailing Address 2864 Lebonnett Dr

City
Beaumont

State
TX

Zip Code
77705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12378

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Raja, Gautam, Chandramohan, ,

Mailing Address 8729 Fox Rest Drive

City
Brecksville

State
OH

Zip Code
44141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Account Executive - MHIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12379

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

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

35.00

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

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

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

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

A. Raney, Michael, , ,

Mailing Address 300 Vale Drive

City
Wilmington

State
NC

Zip Code
28411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12280

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

B. Raney, Michael, , ,

Mailing Address 300 Vale Drive

City
Wilmington

State
NC

Zip Code
28411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1148.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12380

Amount of Each Receipt this Period

28.00

☐ Memo Item

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

C. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City
Epping

State
NH

Zip Code
03042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12283

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

81.00

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

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

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

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

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

A. Riddle, Laura, J, ,

Mailing Address 39 Blake Rd.

City
Epping

State
NH

Zip Code
03042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12383

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Rozelle, Christopher, M, ,

Mailing Address 5652 Sandstone Dr

City
Pace

State
FL

Zip Code
32571

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12285

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Rozelle, Christopher, M, ,

Mailing Address 5652 Sandstone Dr

City
Pace

State
FL

Zip Code
32571

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12385

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

45.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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

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

A. Schevitz, Charles, M, ,

Mailing Address 204 Ritterslea Court

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Senior Director - Employee Rel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
10 / 07 / 2016

Transaction ID : SA11AI.12286

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Schevitz, Charles, M, ,

Mailing Address 204 Ritterslea Court

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Senior Director - Employee Rel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

MM / DD / YYYY
10 / 14 / 2016

Transaction ID : SA11AI.12386

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sipes, Christopher, , ,

Mailing Address 9016 Sunni Shade Ct

City

Perry Hall

State

MD

Zip Code

21128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Vice President: Reg Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
10 / 07 / 2016

Transaction ID : SA11AI.12288

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Sipes, Christopher, , ,

Mailing Address 9016 Sunni Shade Ct

City

Perry Hall

State

MD

Zip Code

21128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Vice President: Reg Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2016

Transaction ID : SA11AI.12388

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Smalley, John, P, ,

Mailing Address 4535 N Camino del Obispo

City

Tucson

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.12289

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Smalley, John, P, ,

Mailing Address 4535 N Camino del Obispo

City

Tucson

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2016

Transaction ID : SA11AI.12389

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 41 OF 47
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Smee, Betty, D, ,

Mailing Address 877 River Bluff Dr

City
Oakdale

State
CA

Zip Code
95361

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Director of Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12390

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. Smith, Nicole, R, ,

Mailing Address 187 East St. 2nd Floor

City
Chicopee

State
MA

Zip Code
01020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Account Manager - Homecare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12392

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Spahr, Brian, M, ,

Mailing Address 2421 Bear Rock Gln

City
Escondido

State
CA

Zip Code
92026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Dev Mgr - Homecare

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12393

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

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

15.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 47

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

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NAME OF COMMITTEE (In Full)

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

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

A. Speer, Nathan, , ,

Mailing Address 524 Toledo Dr

City

Lowe Burrell

State

PA

Zip Code

15068

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12294

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Speer, Nathan, , ,

Mailing Address 524 Toledo Dr

City

Lowe Burrell

State

PA

Zip Code

15068

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Director - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12394

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Sticklin, Matthew, A, ,

Mailing Address 3410 Toone St

City

Baltimore

State

MD

Zip Code

21224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.12297

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 43 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Sticklin, Matthew, A, ,

Mailing Address 3410 Toone St

City
Baltimore

State
MD

Zip Code
21224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12399

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Stone, Sean, T, ,

Mailing Address 637 P Street

City
Sacramento

State
CA

Zip Code
95814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Business Dev Mgr - Homecare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12400

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

C. Truman, Brandon, K, ,

Mailing Address 240 Ringneck Drive

City
Harrisburg

State
PA

Zip Code
17112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.12403

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Vander Linden, Brandon, J, ,

Mailing Address 53 Alvarado St

City

San Francisco

State

CA

Zip Code

94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Regional Director-Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
10 / 14 / 2016

Transaction ID : SA11AI.12404

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B. Wallace, Daniel, P, ,

Mailing Address 424 Brewer Ave.

City

Akron

State

OH

Zip Code

44305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
10 / 07 / 2016

Transaction ID : SA11AI.12303

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Wallace, Daniel, P, ,

Mailing Address 424 Brewer Ave.

City

Akron

State

OH

Zip Code

44305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maxim Healthcare Services Inc

Occupation (for Individual)

Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

MM / DD / YYYY
10 / 14 / 2016

Transaction ID : SA11AI.12405

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

25.00

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

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

FOR LINE NUMBER: PAGE 45 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Wilkinson, Matthew, J, ,

Mailing Address 813 Foxfire Dr

City
Louisville

State
KY

Zip Code
40223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

10 / 07 / 2016

Transaction ID : SA11AI.12304

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Wilkinson, Matthew, J, ,

Mailing Address 813 Foxfire Dr

City
Louisville

State
KY

Zip Code
40223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Area Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 14 / 2016

Transaction ID : SA11AI.12406

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Womack, Brian, , ,

Mailing Address 7807 Empire Ct

City
Toledo

State
OH

Zip Code
43528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services Inc

Occupation (for Individual)
Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 07 / 2016

Transaction ID : SA11AI.12305

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 46 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Womack, Brian, , ,

Mailing Address 7807 Empire Ct

City
ToledoState
OHZip Code
43528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maxim Healthcare Services IncOccupation (for Individual)
Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2016

Transaction ID : SA11AI.12407

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Zdarko, Joel, , ,

Mailing Address 1439 Harlan Dr.

City
DanvilleState
CAZip Code
94526FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.12307

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Zdarko, Joel, , ,

Mailing Address 1439 Harlan Dr.

City
DanvilleState
CAZip Code
94526FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2016

Transaction ID : SA11AI.12409

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

1554.92

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

PAGE 47 OF 47

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE

Mailing Address PO BOX 231

City
LUTHERVILLEState
MDZip Code
21094Purpose of Disbursement
Contribution

Candidate Name

RUPPERSBERGER, C.A. DUTCH, , ,

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

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

FEC Identification Number

C C00376673

Transaction ID : SB23.12205

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF TODD YOUNG, INC.

Mailing Address PO BOX 1053

City
BLOOMINGTONState
INZip Code
47402Purpose of Disbursement
Contribution

Candidate Name

YOUNG, TODD CHRISTOPHER, , ,

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

State: IN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

FEC Identification Number

C C00459255

Transaction ID : SB23.12202

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Mailing Address 228 S WASHINGTON STREET SUITE 115

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
Contribution

Candidate Name

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

State: District: Other

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

FEC Identification Number

C C00388421

Transaction ID : SB23.12200

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

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

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

6500.00
6500.00