

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="11983.84"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="5853.92"/> | <input type="text" value="21472.76"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="17837.76"/> | <input type="text" value="21472.76"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="515.00"/> | <input type="text" value="4150.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="17322.76"/> | <input type="text" value="17322.76"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

| 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)..... | 5433.68 | 18262.52 |
| (ii) Unitemized | 420.24 | 3210.24 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 5853.92 | 21472.76 |
| (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) | 5853.92 | 21472.76 |
| 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))..... ▶ | 5853.92 | 21472.76 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 5853.92 | 21472.76 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 | 15.00 | 150.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 15.00 | 150.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 500.00 | 3000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 1000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 515.00 | 4150.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 515.00 | 4150.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 5853.92 | 21472.76 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5853.92 | 21472.76 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 15.00 | 150.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 15.00 | 150.00 |

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 6 OF 12 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 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)

A. William Butz
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Magers Landing Rd

City Monkton State MD Zip Code 21111

FEC ID number of contributing federal political committee. **C**

Name of Employer Maxim Healthcare Services Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period
 5000.00

B. Raymond A Carbone
Full Name (Last, First, Middle Initial)

Mailing Address 367 Berkshire Drive

City Riva State MD Zip Code 21140

FEC ID number of contributing federal political committee. **C**

Name of Employer Maxim Healthcare Services Inc Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014

Transaction ID : SA11AI.4443

Amount of Each Receipt this Period
 30.00

C. Raymond A Carbone
Full Name (Last, First, Middle Initial)

Mailing Address 367 Berkshire Drive

City Riva State MD Zip Code 21140

FEC ID number of contributing federal political committee. **C**

Name of Employer Maxim Healthcare Services Inc Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.4479

Amount of Each Receipt this Period
 30.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5060.00 |
| 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 12 |
| <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)

A. Jarrod DePriest
 Full Name (Last, First, Middle Initial)
 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 Maxim Healthcare Services Inc Occupation Vice President - Operations
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 03 / 2014**
Transaction ID : SA11AI.4422
 Amount of Each Receipt this Period **30.00**

B. Jarrod DePriest
 Full Name (Last, First, Middle Initial)
 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 Maxim Healthcare Services Inc Occupation Vice President - Operations
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **10 / 10 / 2014**
Transaction ID : SA11AI.4456
 Amount of Each Receipt this Period **30.00**

C. Andrew M Friedell
 Full Name (Last, First, Middle Initial)
 Mailing Address 523A Epping Forrest Rd
 City Annapolis State MD Zip Code 21401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maxim Healthcare Services Inc Occupation Vice President - Govt Affairs
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1740.00**

Date of Receipt **10 / 03 / 2014**
Transaction ID : SA11AI.4441
 Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **90.00**
TOTAL This Period (last page this line number only).....

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 12 |
| <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)

A. Andrew M Friedell
 Full Name (Last, First, Middle Initial)
 Mailing Address 523A Epping Forrest Rd
 City Annapolis State MD Zip Code 21401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maxim Healthcare Services Inc Occupation Vice President - Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1770.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.4477
 Amount of Each Receipt this Period
 30.00

B. Robert K Gehman Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 229 Treherne Road
 City Lutherville State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maxim Healthcare Services Inc Occupation Vice President - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.4480
 Amount of Each Receipt this Period
 20.00

C. Jeremy Ben Goldberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 6484 Mountain Sky Road
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maxim Healthcare Services Inc Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : SA11AI.4437
 Amount of Each Receipt this Period
 30.00

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 80.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 9 OF 12
(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. Jeremy Ben Goldberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 6484 Mountain Sky Road
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maxim Healthcare Services Inc Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.4471
 Amount of Each Receipt this Period 30.00

B. Laura L Hughes
 Full Name (Last, First, Middle Initial)
 Mailing Address 19914 Gunpowder Road
 City Munchester State MD Zip Code 21102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maxim Healthcare Services Inc Occupation VP of Medicare West & Central
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 03 / 2014
Transaction ID : SA11AI.4439
 Amount of Each Receipt this Period 30.00

C. Laura L Hughes
 Full Name (Last, First, Middle Initial)
 Mailing Address 19914 Gunpowder Road
 City Munchester State MD Zip Code 21102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maxim Healthcare Services Inc Occupation VP of Medicare West & Central
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.4473
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 12 |
| <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 (Last, First, Middle Initial) A. Timothy L. Kuhn | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014 |
| Mailing Address 508 Wilton Road | | Transaction ID : SA11AI.4420 |
| City Towson | State MD | Zip Code 21286 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 28.00 |
| Name of Employer Maxim Healthcare Services Inc | Occupation Chief Culture Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 224.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Timothy L. Kuhn | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014 |
| Mailing Address 508 Wilton Road | | Transaction ID : SA11AI.4454 |
| City Towson | State MD | Zip Code 21286 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 28.00 |
| Name of Employer Maxim Healthcare Services Inc | Occupation Chief Culture Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 252.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Deeley C Middleton | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014 |
| Mailing Address 213 St Dunstans Road | | Transaction ID : SA11AI.4419 |
| City Baltimore | State MD | Zip Code 21212 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 28.84 |
| Name of Employer Maxim Healthcare Services Inc | Occupation Vice President Clinical Affair | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.72 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 84.84 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 11 OF 12
(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)

A. Deeley C Middleton
Full Name (Last, First, Middle Initial)
Mailing Address 213 St Dunstans Road
City Baltimore State MD Zip Code 21212
FEC ID number of contributing federal political committee. **C**
Name of Employer Maxim Healthcare Services Inc Occupation Vice President Clinical Affair
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 259.56

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : SA11AI.4453
Amount of Each Receipt this Period
28.84

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 28.84 |
| TOTAL This Period (last page this line number only).....▶ | 5433.68 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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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. ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 604

City State Zip Code
BEL AIR MD 21014

Purpose of Disbursement
Contribution

Candidate Name
ANDREW P HARRIS

Office Sought: House
 Senate
 President
State: MD District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 14 | / | 2014 |

Transaction ID : SB23.4485

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

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

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

| |
|--------|
| 500.00 |
|--------|

| |
|--------|
| 500.00 |
|--------|