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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MAXIM HEALTHCARE	SERVICES INC POLIT	FICAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)
ADDRESS (number and street)	228 S Washington St		
▼ Check if different	Suite 115		
than previously reported. (ACC)	Alexandria		VA 22314
2. FEC IDENTIFICATION N	IUMBER ▼ CIT	Y A	STATE ▲ ZIP CODE ▲
C C00558932		S THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M5	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report ((C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (FI	on on	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	ion (d) 30-Day POST-Election	X General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)	Report for the:	on on 11 08	in the 2016 State of
	10 20 2016	through 11	28 2016
I certify that I have examined to Type or Print Name of Treasur	Satterfield, David, , ,	my knowledge and belief it is t	rue, correct and complete.
Type of Filit Name of Heasur	GI		
Signature of Treasurer	terfield, David, , ,	[Electronically Filed]	Date 12 08 2016
NOTE: Submission of false, error	neous, or incomplete information	n 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

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Page 2

Write or Type Committee Name

This Period Calendar Year-to-Date	
This Period Calendar Year-to-Date 23610.00	(a) Cash on Hand January 1, 2016
8740.46	(b) Cash on Hand at Beginning of Reporting Period
4825.30 51525.16	(c) Total Receipts (from Line 19)
13565.76 75135.16	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)
1090.00 62659.40	Total Disbursements (from Line 31)
12475.76 12475.76	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))
0.00	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)
0.00	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)
	Debts and Obligations Owed BY the Committee (Itemize all on

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)

Write or Type Committee Name

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	4342.80	31630.22
(i) Itemized (use Schedule A)	1012.00	31030.22
(ii) Unitemized(iii) TOTAL (add	482.50	19894.94
Lines 11(a)(i) and (ii)	4825.30	51525.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	4 4	4 4
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	4825.30	51525.16
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
N. All Leave Bearing	0.00	0.00
3. All Loans Received	4. 4. 4.	4 4
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7 7 1 1 2 1 1 2	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	,	
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(mont ochequie 110)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(5) Loviii i dildo (ilolii ochedule 115)	4 4	4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	4825.30	51525.16
D. Total Federal Receipts	4025-20	54505.40
(subtract Line 18(c) from Line 19)▶	4825.30	51525.10

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B
Operating Expenditures:	Total Hils Fellou	Calendar Year-to-Date
(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	00.00	550.40
Expenditures	90.00	559.40
(c) Total Operating Expenditures	90.00	559.40
(add 21(a)(i), (a)(ii), and (b))	90.00	333.40
Committees	0.00	0.00
Contributions to	4 4	4 4
Federal Candidates/Committees and Other Political Committees	0.00	30500.00
Independent Expenditures	4 4	
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d))		
(use Schedule F)	0.00	0.00
Loop Donovmento Made	0.00	
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
Than I shilled committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	1000.00	31600.00
,	4 4 4	4 4
Federal Election Activity (52 U.S.C. § 30101(2	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	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
•	4 4	3.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1090.00	62659.40
	7 7 7	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1090.00	62659.40

DETAILED SUMMARY PAGE

of Disbursements

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III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4825.30	51525.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4825.30	51525.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	90.00	559.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	90.00	559.40

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

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 2016 City Zip Code State Transaction ID: SA11AI.12765 KS Overland Park 66215 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Clinical Ops-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 10 2016 City State Zip Code Transaction ID: SA11AI.12766 Overland Park KS 66215 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Clinical Ops-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 04 2016 City State Zip Code Transaction ID: SA11AI.12767 KS Overland Park 66215 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Clinical Ops-1M Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 2016 City Zip Code State Transaction ID: SA11AI.12768 KS Overland Park 66215 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Clinical Ops-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Alvarez, Heather, L, , Date of Receipt Mailing Address 12931 West 105th St 18 2016 City State Zip Code Transaction ID: SA11AI.12769 Overland Park KS 66215 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Clinical Ops-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Andress, Wilson, B., Date of Receipt Mailing Address 215 Elizabeth St 2016 City Zip Code State Transaction ID: SA11AI.12654 SC Greenville 29609 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Andress, Wilson, B, , Date of Receipt Mailing Address 215 Elizabeth St 2016 City Zip Code State Transaction ID: SA11AI.12655 SC Greenville 29609 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Andress, Wilson, B,, Date of Receipt Mailing Address 215 Elizabeth St 2016 City State Zip Code Transaction ID: SA11AI.12656 SC Greenville 29609 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Andress, Wilson, B., Date of Receipt Mailing Address 215 Elizabeth St 11 2016 City Zip Code State Transaction ID: SA11AI.12657 SC Greenville 29609 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Apperson, Kevin, D, , Date of Receipt Mailing Address 2235 Eutaw Place 2016 City Zip Code State Transaction ID: SA11AI.12566 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Information Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Apperson, Kevin, D,, Date of Receipt Mailing Address 2235 Eutaw Place 18 2016 City State Zip Code Transaction ID: SA11AI.12567 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Chief Information Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Beams, Michael, I, Date of Receipt Mailing Address 3035 Panama Avenue 2016 City State Zip Code Transaction ID: SA11AI.12873 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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

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

Use separate schedule(s)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bennett, Kerry, , , Date of Receipt Mailing Address 299 Fort Aupeck Ave 2016 City Zip Code State Transaction ID: SA11AI.12441 NJ Oceanport 07757 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Senior Program Director Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bennett, Kerry, , , Date of Receipt Mailing Address 299 Fort Aupeck Ave 2016 City State Zip Code Transaction ID: SA11AI.12442 NJ Oceanport 07757 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Program Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bennett, Kerry, , , Date of Receipt Mailing Address 299 Fort Aupeck Ave 18 2016 City State Zip Code Transaction ID: SA11AI.12443 NJ Oceanport 07757 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Program Director Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional).....

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Primary General Other (specify) ▼	55 15 11	230.00	
Full Name of Individual (Last, First, Middle Bierlink, Aaron, F, , Mailing Address 7007 180th St SW	,		Date of Receipt 10 / 21 / 2016
City Edmonds FEC ID number of contributing federal political committee.	State WA	Zip Code 98026	Transaction ID : SA11AI.12918 Amount of Each Receipt this Period 5.00
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bierlink, Aaron, F,, Date of Receipt Mailing Address 7007 180th St SW 2016 City Zip Code State Transaction ID: SA11AI.12922 WA Edmonds 98026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 10 2016 City State Zip Code Transaction ID: SA11AI.12760 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 28 2016 City Zip Code State Transaction ID: SA11AI.12761 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 2016 City Zip Code State Transaction ID: SA11AI.12762 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 2016 City State Zip Code Transaction ID: SA11AI.12763 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bodmer, Christopher, , , Date of Receipt Mailing Address 903 Sill Ridge Drive 18 2016 City Zip Code State Transaction ID: SA11AI.12764 MO O'Fallon 63368 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 2016 City Zip Code State Transaction ID: SA11AI.12508 MD Ellicott City 21042 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 10 2016 City State Zip Code Transaction ID: SA11AI.12509 Ellicott City MD 21042 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 04 2016 City Zip Code State Transaction ID: SA11AI.12510 MD Ellicott City 21042 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ____

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 2016 City Zip Code State Transaction ID: SA11AI.12511 MD Ellicott City 21042 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President: Reg Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 18 2016 City State Zip Code Transaction ID: SA11AI.12512 Ellicott City MD 21042 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brusaschetti, Andrew, , , Date of Receipt Mailing Address 4708 Durham Court 2016 City State Zip Code Transaction ID: SA11AI.12898 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Carbone, Raymond, A,, Date of Receipt Mailing Address 367 Berkshire Drive 2016 City Zip Code State Transaction ID: SA11AI.12552 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Financial Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Carlson, Donald, W, , Date of Receipt Mailing Address 1358 Lynn Park Dr 10 2016 City State Zip Code Transaction ID: SA11AI.12735 Cleveland Heights OH 44121 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Staffing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Carlson, Donald, W., Date of Receipt Mailing Address 1358 Lynn Park Dr 28 2016 Zip Code State Transaction ID: SA11AI.12736 OH Cleveland Heights 44121 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Staffing Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Carlson, Donald, W,, Date of Receipt Mailing Address 1358 Lynn Park Dr 2016 City State Zip Code Transaction ID: SA11AI.12737 Cleveland Heights OH 44121 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Account Manager - Staffing Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Carlson, Donald, W, , Date of Receipt Mailing Address 1358 Lynn Park Dr 2016 City State Zip Code Transaction ID: SA11AI.12738 Cleveland Heights OH 44121 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Staffing Receipt For: Aggregate Year-to-Date ▼ Primary General

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Christofferson, Tiffany, M,, Date of Receipt Mailing Address 78750 La Palma Dr 2016 City Zip Code State Transaction ID: SA11AI.12828 CA La Quinta 92253 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Christofferson, Tiffany, M, , Date of Receipt Mailing Address 78750 La Palma Dr 10 2016 City State Zip Code Transaction ID: SA11AI.12829 CA La Quinta 92253 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Christofferson, Tiffany, M, Date of Receipt Mailing Address 78750 La Palma Dr 04 2016 City State Zip Code Transaction ID: SA11AI.12830 CA La Quinta 92253 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Christofferson, Tiffany, M,, Date of Receipt Mailing Address 78750 La Palma Dr 2016 City Zip Code State Transaction ID: SA11AI.12831 CA La Quinta 92253 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Christofferson, Tiffany, M, , Date of Receipt Mailing Address 78750 La Palma Dr 18 2016 City State Zip Code Transaction ID: SA11AI.12832 CA La Quinta 92253 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Coons, Jason, T., Date of Receipt Mailing Address 1845 Oak Lane 2016 City State Zip Code Transaction ID: SA11AI.12675 FL Orlando 32803 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Coons, Jason, T,, Date of Receipt Mailing Address 1845 Oak Lane 2016 City Zip Code State Transaction ID: SA11AI.12679 FL Orlando 32803 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crane, Barbara, A,, Date of Receipt Mailing Address 2735 Dana Loop 10 2016 City State Zip Code Transaction ID: SA11AI.12893 El Dorado Hills CA 95762 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crane, Barbara, A, Date of Receipt Mailing Address 2735 Dana Loop 28 2016 City State Zip Code Transaction ID: SA11AI.12894 CA El Dorado Hills 95762 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Crawn, Susan, K, , Date of Receipt Mailing Address 1045 Braewick Cir. NW 2016 City Zip Code State Transaction ID: SA11AI.12750 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crawn, Susan, K,, Date of Receipt Mailing Address 1045 Braewick Cir. NW 10 2016 City State Zip Code Transaction ID: SA11AI.12751 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 430.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crawn, Susan, K, Date of Receipt Mailing Address 1045 Braewick Cir. NW 04 2016 City State Zip Code Transaction ID: SA11AI.12752 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Crawn, Susan, K, , Date of Receipt Mailing Address 1045 Braewick Cir. NW 2016 City Zip Code State Transaction ID: SA11AI.12753 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crawn, Susan, K,, Date of Receipt Mailing Address 1045 Braewick Cir. NW 18 2016 City State Zip Code Transaction ID: SA11AI.12754 Massillon OH 44646 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crisp, Michael, E, , Date of Receipt Mailing Address 4104 Calamar St 2016 City State Zip Code Transaction ID: SA11AI.12775 TX Ft. Worth 76106 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deeb, Brandi, L,, Date of Receipt Mailing Address 1506 Terra Oaks Court 2016 City Zip Code State Transaction ID: SA11AI.12595 MD Mount Airy 21771 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Controller - Regional HH Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deeb, Brandi, L,, Date of Receipt Mailing Address 1506 Terra Oaks Court 2016 City State Zip Code Transaction ID: SA11AI.12596 MD Mount Airy 21771 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Controller - Regional HH Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Deeb, Brandi, L., Date of Receipt Mailing Address 1506 Terra Oaks Court 18 2016 City State Zip Code Transaction ID: SA11AI.12597 MD Mount Airy 21771 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Controller - Regional HH Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DePriest, Jarrod, , , Date of Receipt Mailing Address 2251 Wild Plains Circle 2016 City Zip Code State Transaction ID: SA11AI.12899 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DePriest, Jarrod, , , Date of Receipt Mailing Address 2251 Wild Plains Circle 10 2016 City State Zip Code Transaction ID: SA11AI.12901 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1290.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** DePriest, Jarrod, , , Date of Receipt Mailing Address 2251 Wild Plains Circle 04 2016 City State Zip Code Transaction ID: SA11AI.12903 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1320.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DePriest, Jarrod, , , Date of Receipt Mailing Address 2251 Wild Plains Circle 2016 City Zip Code State Transaction ID: SA11AI.12905 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DePriest, Jarrod, , , Date of Receipt Mailing Address 2251 Wild Plains Circle 18 2016 City State Zip Code Transaction ID: SA11AI.12907 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Dover, Wesley, R., Date of Receipt Mailing Address 10635 Calle Mar de Mariposa 2016 Apt 5106 City State Zip Code Transaction ID: SA11AI.12823 CA San Diego 92130 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 65.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dover, Wesley, R,, Date of Receipt Mailing Address 10635 Calle Mar de Mariposa 2016 Apt 5106 City Zip Code State Transaction ID: SA11AI.12824 CA San Diego 92130 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dover, Wesley, R,, Date of Receipt Mailing Address 10635 Calle Mar de Mariposa 2016 Apt 5106 City State Zip Code Transaction ID: SA11AI.12825 CA San Diego 92130 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Dover, Wesley, R., Date of Receipt Mailing Address 10635 Calle Mar de Mariposa 11 2016 Apt 5106 City State Zip Code Transaction ID: SA11AI.12826 CA San Diego 92130 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dover, Wesley, R,, Date of Receipt Mailing Address 10635 Calle Mar de Mariposa Apt 5106 2016 City Zip Code State Transaction ID: SA11AI.12827 CA San Diego 92130 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Elliott, Joshua, R, , Date of Receipt Mailing Address 6980 Roswell Rd 10 2016 City State Zip Code Transaction ID: SA11AI.12659 GA Atlanta 30328 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Staffing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ensor, Micah, , , Date of Receipt Mailing Address 6965 Old River Road 2016 City State Zip Code Transaction ID: SA11AI.12695 TN Nashville 37209 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ensor, Micah, , , Date of Receipt Mailing Address 6965 Old River Road 2016 City Zip Code State Transaction ID: SA11AI.12696 TN Nashville 37209 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director of Field Support** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ensor, Micah, , , Date of Receipt Mailing Address 6965 Old River Road 2016 City State Zip Code Transaction ID: SA11AI.12697 Nashville TN 37209 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ensor, Micah, , , Date of Receipt Mailing Address 6965 Old River Road 11 2016 City State Zip Code Transaction ID: SA11AI.12698 TN Nashville 37209 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Field Support Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fernie, Elizabeth, D,, Date of Receipt Mailing Address 130 Cheswood Manor Dr 2016 City Zip Code State Transaction ID: SA11AI.12785 TX The Woodlands 77382 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 410.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fernie, Elizabeth, D, , Date of Receipt Mailing Address 130 Cheswood Manor Dr 10 2016 City State Zip Code Transaction ID: SA11AI.12786 The Woodlands TX 77382 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Fernie, Elizabeth, D, Date of Receipt Mailing Address 130 Cheswood Manor Dr 04 2016 City State Zip Code Transaction ID: SA11AI.12787 TX The Woodlands 77382 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Frank, Kris, , , Date of Receipt Mailing Address 4771 Marlborough Way 2016 City Zip Code State Transaction ID: SA11AI.12876 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director of State Affairs** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Frank, Kris, , , Date of Receipt Mailing Address 4771 Marlborough Way 2016 City State Zip Code Transaction ID: SA11AI.12878 Carmichael CA 95608 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Frank, Kris, , , Date of Receipt Mailing Address 4771 Marlborough Way 11 2016 City State Zip Code Transaction ID: SA11AI.12880 CA Carmichael 95608 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Friedell, Andrew, , , Date of Receipt Mailing Address 7227 Lee Deforest Drive 2016 City Zip Code State Transaction ID: SA11AI.12585 MD Columbia 21046 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Govt Affairs Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Friedell, Andrew, , , Date of Receipt Mailing Address 7227 Lee Deforest Drive 2016 City State Zip Code Transaction ID: SA11AI.12586 MD Columbia 21046 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Govt Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Friedell, Andrew, , , Date of Receipt Mailing Address 7227 Lee Deforest Drive 18 2016 City Zip Code State Transaction ID: SA11AI.12587 MD Columbia 21046 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Govt Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1380.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Friedman, Toni-Jean, L,, Date of Receipt Mailing Address 3911 Briar Knoll Cir 2016 City Zip Code State Transaction ID: SA11AI.12543 MD Phoenix 21131-2123 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Friedman, Toni-Jean, L, , Date of Receipt Mailing Address 3911 Briar Knoll Cir 10 2016 City State Zip Code Transaction ID: SA11AI.12544 MD Phoenix 21131-2123 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Friedman, Toni-Jean, L., Date of Receipt Mailing Address 3911 Briar Knoll Cir 04 2016 City Zip Code State Transaction ID: SA11AI.12545 MD Phoenix 21131-2123 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gehman, Robert, K, , Jr Date of Receipt Mailing Address 229 Treherne Road 2016 City Zip Code State Transaction ID: SA11AI.12522 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 920.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Goad, Garrett, Ryan, , Date of Receipt Mailing Address 4734 Crater Rim Rd 10 2016 City State Zip Code Transaction ID: SA11AI.12810 Carlsbad CA 92010 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Goad, Garrett, Ryan, , Date of Receipt Mailing Address 4734 Crater Rim Rd 28 2016 City State Zip Code Transaction ID: SA11AI.12811 CA Carlsbad 92010 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goad, Garrett, Ryan, , Date of Receipt Mailing Address 4734 Crater Rim Rd 2016 City Zip Code State Transaction ID: SA11AI.12812 CA Carlsbad 92010 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Goad, Garrett, Ryan, , Date of Receipt Mailing Address 4734 Crater Rim Rd 2016 City State Zip Code Transaction ID: SA11AI.12813 Carlsbad CA 92010 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Goad, Garrett, Ryan, , Date of Receipt Mailing Address 4734 Crater Rim Rd 18 2016 City State Zip Code Transaction ID: SA11AI.12814 CA Carlsbad 92010 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jacobs, Keith, , , Date of Receipt Mailing Address 435 S Robinson St 2016 City Zip Code State Transaction ID: SA11AI.12576 MD **Baltimore** 21224 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kelly, Bart, A,, Date of Receipt Mailing Address 13715 Summer Hill Dr. 10 2016 City State Zip Code Transaction ID: SA11AI.12538 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President-Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 840.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kelly, Bart, A, Date of Receipt Mailing Address 13715 Summer Hill Dr. 28 2016 City Zip Code State Transaction ID: SA11AI.12539 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President-Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 860.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kuhn, Timothy, L., , Date of Receipt Mailing Address 508 Wilton Road 2016 City Zip Code State Transaction ID: SA11AI.12579 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Culture Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1204.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kuhn, Timothy, L., Date of Receipt Mailing Address 508 Wilton Road 2016 City State Zip Code Transaction ID: SA11AI.12580 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Chief Culture Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1232.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kuhn, Timothy, L., Date of Receipt Mailing Address 508 Wilton Road 11 2016 City Zip Code State Transaction ID: SA11AI.12581 MD Towson 21286 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Chief Culture Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1260.00 Other (specify) 84.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Langley, William, J,, Date of Receipt Mailing Address 302 Bennett Street 2016 City Zip Code State Transaction ID: SA11AI.12651 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Langley, William, J,, Date of Receipt Mailing Address 302 Bennett Street 2016 City State Zip Code Transaction ID: SA11AI.12652 Mount Pleasant SC 29464 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1125.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Langley, William, J., Date of Receipt Mailing Address 302 Bennett Street 18 2016 City Zip Code State Transaction ID: SA11AI.12653 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1150.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 2016 City Zip Code State Transaction ID: SA11AI.12634 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 10 2016 City State Zip Code Transaction ID: SA11AI.12635 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1290.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lanier, Laura, K, , Date of Receipt Mailing Address 650 Heartwood Dr. 04 2016 City Zip Code State Transaction ID: SA11AI.12636 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 1320.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 2016 City Zip Code State Transaction ID: SA11AI.12637 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 18 2016 City State Zip Code Transaction ID: SA11AI.12638 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Liberty, Anthony, , , Date of Receipt Mailing Address 2745 Cordgrass Street 2016 City State Zip Code Transaction ID: SA11AI.12670 FL Oviedo 32765 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lindsay, Michael, S, , Jr. Date of Receipt Mailing Address 1871 Thunderbird Trail 2016 City Zip Code State Transaction ID: SA11AI.12667 FL Maitland 32751 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Business Development Mgr-1M** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lindsay, Michael, S, , Jr. Date of Receipt Mailing Address 1871 Thunderbird Trail 2016 City State Zip Code Transaction ID: SA11AI.12668 Maitland FL 32751 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Business Development Mgr-1M Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lindsay, Michael, S., Jr. Date of Receipt Mailing Address 1871 Thunderbird Trail 18 2016 City State Zip Code Transaction ID: SA11AI.12669 FL Maitland 32751 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Business Development Mgr-1M** Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Loesser, Lisa, M,, Date of Receipt Mailing Address 35 Hastings Rd. 2016 City Zip Code State Transaction ID: SA11AI.12456 NJ yardville 08620 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Loesser, Lisa, M,, Date of Receipt Mailing Address 35 Hastings Rd. 18 2016 City State Zip Code Transaction ID: SA11AI.12457 NJ yardville 08620 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Markewicz, Jeremy, T., , Date of Receipt Mailing Address 2678 Westbreeze Dr 2016 City State Zip Code Transaction ID: SA11AI.12721 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 9.62 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 404.04 Other (specify) 19.62 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Markewicz, Jeremy, T.,, Date of Receipt Mailing Address 2678 Westbreeze Dr 2016 City Zip Code State Transaction ID: SA11AI.12723 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 9.62 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 413.66 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Markewicz, Jeremy, T., , Date of Receipt Mailing Address 2678 Westbreeze Dr 2016 City State Zip Code Transaction ID: SA11AI.12725 Hilliard OH 43026 Amount of Each Receipt this Period FEC ID number of contributing 9.62 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 423.28 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Markewicz, Jeremy, T., , Date of Receipt Mailing Address 2678 Westbreeze Dr 11 2016 City State Zip Code Transaction ID : SA11AI.12727 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 9.62 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 432.90 Other (specify) 28.86 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Markewicz, Jeremy, T.,, Date of Receipt Mailing Address 2678 Westbreeze Dr 2016 City Zip Code State Transaction ID: SA11AI.12729 OH Hilliard 43026 Amount of Each Receipt this Period FEC ID number of contributing C 9.62 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 442.52 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Martinez, Christopher, H,, Date of Receipt Mailing Address 481 W Audubon Dr 10 2016 City State Zip Code Transaction ID: SA11AI.12838 CA Fresno 93711 Amount of Each Receipt this Period FEC ID number of contributing 6.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 246.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Martinez, Christopher, H. Date of Receipt Mailing Address 481 W Audubon Dr 28 2016 #228 City State Zip Code Transaction ID: SA11AI.12839 CA Fresno 93711 Amount of Each Receipt this Period FEC ID number of contributing C 6.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 252.00 Other (specify) 21.62 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martinez, Christopher, H,, Date of Receipt Mailing Address 481 W Audubon Dr 2016 #228 City Zip Code State Transaction ID: SA11AI.12840 CA Fresno 93711 Amount of Each Receipt this Period FEC ID number of contributing 6.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Account Manager - Homecare Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 258.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Martinez, Christopher, H,, Date of Receipt Mailing Address 481 W Audubon Dr 2016 11 City State Zip Code Transaction ID: SA11AI.12841 CA Fresno 93711 Amount of Each Receipt this Period FEC ID number of contributing 6.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 264.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Martinez, Christopher, H. Date of Receipt Mailing Address 481 W Audubon Dr 18 2016 #228 City State Zip Code Transaction ID: SA11AI.12842 CA Fresno 93711 Amount of Each Receipt this Period FEC ID number of contributing C 6.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 18.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martinez, Jadd, A,, Date of Receipt Mailing Address 3145 Calle Jazmin 2016 City Zip Code State Transaction ID: SA11AI.12836 CA San Luis Obispo 93401 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Martinez, Jadd, A,, Date of Receipt Mailing Address 3145 Calle Jazmin 18 2016 City State Zip Code Transaction ID: SA11AI.12837 San Luis Obispo CA 93401 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. McNamara, Daniel, B, Date of Receipt Mailing Address 51 Cypress St 2016 City Zip Code State Transaction ID: SA11AI.12468 NY Floral Park 11001 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Α.	Full Name of Individual (Last, First, Middle Initi McNamara, Daniel, B, , Mailing Address 51 Cypress St	al) or Full Orga	nization Name	Date of Receipt
	City Floral Park	State NY	Zip Code 11001	Transaction ID : SA11AI.12469 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For: Primary General			Memo Item
_	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initi.	al) or Full Orga	215.00 unization Name	
В.	McNamara, Daniel, B, , Mailing Address 51 Cypress St			Date of Receipt
	City Floral Park	State NY	Zip Code 11001	Transaction ID : SA11AI.12470 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc	1 .	ation (for Individual) strative Officer	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 220.00	
С.	Full Name of Individual (Last, First, Middle Initi McNamara, Daniel, B, ,	al) or Full Orga	inization Name	Date of Receipt
	Mailing Address 51 Cypress St City	State	Zip Code	11 / 2016 Transaction ID : SA11Al.12471
	Floral Park	NY	11001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5.00
	Name of Employer (for Individual) Maxim Healthcare Services Inc Receipt For:	Adminis	tion (for Individual) strative Officer	Memo Item
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McNamara, Daniel, B, , Date of Receipt Mailing Address 51 Cypress St 2016 City Zip Code State Transaction ID: SA11AI.12472 NY Floral Park 11001 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Middleton, Deeley, C, , Date of Receipt Mailing Address 213 St Dunstans Road 10 2016 City State Zip Code Transaction ID: SA11AI.12553 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1211.28 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Middleton, Deeley, C, Date of Receipt Mailing Address 213 St Dunstans Road 28 2016 City Zip Code State Transaction ID: SA11AI.12555 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 1240.12 Other (specify) 62.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Middleton, Deeley, C,, Date of Receipt Mailing Address 213 St Dunstans Road 2016 City Zip Code State Transaction ID: SA11AI.12557 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional VP of Clinical Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1268.96 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Middleton, Deeley, C, , Date of Receipt Mailing Address 213 St Dunstans Road 2016 City State Zip Code Transaction ID: SA11AI.12559 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1297.80 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Middleton, Deeley, C, Date of Receipt Mailing Address 213 St Dunstans Road 18 2016 City Zip Code State Transaction ID: SA11AI.12561 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 1326.64 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Eric, Dwain, , Date of Receipt Mailing Address 1406 Hemlock Hill Dr 2016 City Zip Code State Transaction ID: SA11AI.12623 NC Durham 27703 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Miller, Eric, Dwain, , Date of Receipt Mailing Address 1406 Hemlock Hill Dr 10 2016 City State Zip Code Transaction ID: SA11AI.12624 NC Durham 27703 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 410.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Miller, Eric, Dwain, Date of Receipt Mailing Address 1406 Hemlock Hill Dr 04 2016 City State Zip Code Transaction ID: SA11AI.12625 NC Durham 27703 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Eric, Dwain, , Date of Receipt Mailing Address 1406 Hemlock Hill Dr 2016 City Zip Code State Transaction ID: SA11AI.12626 NC Durham 27703 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Miller, Eric, Dwain, , Date of Receipt Mailing Address 1406 Hemlock Hill Dr 18 2016 City State Zip Code Transaction ID: SA11AI.12627 NC Durham 27703 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Miller, Natalie, M., Date of Receipt Mailing Address 14057 Montecello Dr 2016 City State Zip Code Transaction ID: SA11AI.12588 MD Cooksville 21723 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Natalie, M, , Date of Receipt Mailing Address 14057 Montecello Dr 2016 City Zip Code State Transaction ID: SA11AI.12592 MD Cooksville 21723 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area VP Clinical Operations-1M Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moore, Jeffrey, A,, Date of Receipt Mailing Address 250 Worthy Drive 10 2016 City State Zip Code Transaction ID: SA11AI.12685 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc National Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moore, Jeffrey, A, Date of Receipt Mailing Address 250 Worthy Drive 28 2016 City Zip Code State Transaction ID: SA11AI.12686 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc National Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moore, Jeffrey, A,, Date of Receipt Mailing Address 250 Worthy Drive 2016 City Zip Code State Transaction ID: SA11AI.12687 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Sales Director Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moore, Jeffrey, A,, Date of Receipt Mailing Address 250 Worthy Drive 2016 City State Zip Code Transaction ID: SA11AI.12688 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc National Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moore, Jeffrey, A, , Date of Receipt Mailing Address 250 Worthy Drive 18 2016 City State Zip Code Transaction ID: SA11AI.12689 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc National Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moran, Robert, J,, Date of Receipt Mailing Address 6430 Blenheim Road 2016 City Zip Code State Transaction ID: SA11AI.12556 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Moran, Robert, J, , Date of Receipt Mailing Address 6430 Blenheim Road 2016 City State Zip Code Transaction ID: SA11AI.12558 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moran, Robert, J., Date of Receipt Mailing Address 6430 Blenheim Road 11 2016 City State Zip Code Transaction ID: SA11AI.12560 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moran, Robert, J,, Date of Receipt Mailing Address 6430 Blenheim Road 2016 City Zip Code State Transaction ID: SA11AI.12562 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Nasuta, Vincent, M, , Date of Receipt Mailing Address 4 Bartine St 10 2016 City State Zip Code Transaction ID: SA11AI.12458 NJ Toms River 08753 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Nasuta, Vincent, M., Date of Receipt Mailing Address 4 Bartine St 28 2016 City Zip Code State Transaction ID: SA11AI.12459 NJ Toms River 08753 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nasuta, Vincent, M,, Date of Receipt Mailing Address 4 Bartine St 2016 City Zip Code State Transaction ID: SA11AI.12460 NJ Toms River 08753 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Account Manager - Homecare Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Nasuta, Vincent, M, , Date of Receipt Mailing Address 4 Bartine St 2016 City State Zip Code Transaction ID: SA11AI.12461 NJ Toms River 08753 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Nasuta, Vincent, M., Date of Receipt Mailing Address 4 Bartine St 18 2016 City Zip Code State Transaction ID: SA11AI.12462 NJ Toms River 08753 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nestell, Tamara, K,, Date of Receipt Mailing Address 439 Brahma Ln. 2016 City Zip Code State Transaction ID: SA11AI.12703 TN Pioneer 37847 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director of Clinical Services** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Nestell, Tamara, K, , Date of Receipt Mailing Address 439 Brahma Ln. 18 2016 City State Zip Code Transaction ID: SA11AI.12704 TN Pioneer 37847 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 2016 City Zip Code State Transaction ID: SA11AI.12690 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 2016 City Zip Code State Transaction ID: SA11AI.12691 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 2016 City State Zip Code Transaction ID: SA11AI.12692 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 11 2016 City State Zip Code Transaction ID: SA11AI.12693 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nichols, James, , , Date of Receipt Mailing Address 296 Dandridge Dr. 2016 City Zip Code State Transaction ID: SA11AI.12694 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Peaslee, Robert, B., Date of Receipt Mailing Address 210 Bentwood Ct 10 2016 City State Zip Code Transaction ID: SA11AI.12618 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 399.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Peaslee, Robert, B., Date of Receipt Mailing Address 210 Bentwood Ct 28 2016 City State Zip Code Transaction ID: SA11AI.12619 VASalem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 9.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 408.50 Other (specify) 29.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

ITEMIZED RECEIPTS

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pirtle, Paul, , , Date of Receipt Mailing Address 2864 Lebonnett Dr 2016 City Zip Code State Transaction ID: SA11AI.12795 TX **Beaumont** 77705 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Pirtle, Paul, , , Date of Receipt Mailing Address 2864 Lebonnett Dr 10 2016 City State Zip Code Transaction ID: SA11AI.12796 TX **Beaumont** 77705 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 645.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Pirtle, Paul, , , Date of Receipt Mailing Address 2864 Lebonnett Dr 04 2016 City State Zip Code Transaction ID: SA11AI.12797 TX Beaumont 77705 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pirtle, Paul, , , Date of Receipt Mailing Address 2864 Lebonnett Dr 2016 City Zip Code State Transaction ID: SA11AI.12798 TX **Beaumont** 77705 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Business Ops Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Pirtle, Paul, , , Date of Receipt Mailing Address 2864 Lebonnett Dr 18 2016 City State Zip Code Transaction ID: SA11AI.12799 TX **Beaumont** 77705 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Director of Business Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 690.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Raja, Gautam, Chandramohan, Date of Receipt Mailing Address 8729 Fox Rest Drive 2016 City State Zip Code Transaction ID: SA11AI.12740 OH Brecksville 44141 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Executive - MHIS Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 35.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Raja, Gautam, Chandramohan, Date of Receipt Mailing Address 8729 Fox Rest Drive 2016 City Zip Code State Transaction ID: SA11AI.12744 OH Brecksville 44141 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Account Executive - MHIS Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 10 2016 City State Zip Code Transaction ID: SA11AI.12628 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1176.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 28 2016 City Zip Code State Transaction ID: SA11AI.12629 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1204.00 Other (specify) 61.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Riddle, Laura, J,, Date of Receipt Mailing Address 39 Blake Rd. 2016 City Zip Code State Transaction ID: SA11AI.12431 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Riddle, Laura, J, , Date of Receipt Mailing Address 39 Blake Rd. 2016 11 City State Zip Code Transaction ID: SA11AI.12432 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1125.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Riddle, Laura, J, Date of Receipt Mailing Address 39 Blake Rd. 18 2016 City Zip Code State Transaction ID: SA11AI.12433 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1150.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 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 Rozelle, Christopher, M,, Date of Receipt Mailing Address 5652 Sandstone Dr 2016 City Zip Code State Transaction ID: SA11AI.12660 Pace FL 32571 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 410.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rozelle, Christopher, M, , Date of Receipt Mailing Address 5652 Sandstone Dr 10 2016 City State Zip Code Transaction ID: SA11AI.12661 FL Pace 32571 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rozelle, Christopher, M., Date of Receipt Mailing Address 5652 Sandstone Dr 04 2016 City State Zip Code Transaction ID: SA11AI.12662 FL Pace 32571 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rozelle, Christopher, M,, Date of Receipt Mailing Address 5652 Sandstone Dr 2016 City Zip Code State Transaction ID: SA11AI.12663 Pace FL 32571 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rozelle, Christopher, M, , Date of Receipt Mailing Address 5652 Sandstone Dr 18 2016 City State Zip Code Transaction ID: SA11AI.12664 FL Pace 32571 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Schevitz, Charles, M., Date of Receipt Mailing Address 204 Ritterslea Court 2016 City Zip Code State Transaction ID: SA11AI.12528 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Director - Employee Rel Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schevitz, Charles, M,, Date of Receipt Mailing Address 204 Ritterslea Court 2016 City Zip Code State Transaction ID: SA11AI.12529 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Director - Employee Rel Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Schevitz, Charles, M,, Date of Receipt Mailing Address 204 Ritterslea Court 2016 City State Zip Code Transaction ID: SA11AI.12530 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Director - Employee Rel Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Schevitz, Charles, M., Date of Receipt Mailing Address 204 Ritterslea Court 11 2016 City State Zip Code Transaction ID: SA11AI.12531 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Director - Employee Rel Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schevitz, Charles, M,, Date of Receipt Mailing Address 204 Ritterslea Court 2016 City Zip Code State Transaction ID: SA11AI.12532 MD Owings Mills 21117 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Director - Employee Rel Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 10 2016 City State Zip Code Transaction ID: SA11AI.12533 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 28 2016 City Zip Code State Transaction ID: SA11AI.12534 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2016 City Zip Code State Transaction ID: SA11AI.12535 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President: Reg Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2016 City State Zip Code Transaction ID: SA11AI.12536 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 18 2016 City State Zip Code Transaction ID: SA11AI.12537 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President: Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smalley, John, P,, Date of Receipt Mailing Address 4535 N Camino del Obispo 2016 City Zip Code State Transaction ID: SA11AI.12800 ΑZ 85718 Tucson Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Smalley, John, P, , Date of Receipt Mailing Address 4535 N Camino del Obispo 10 2016 City State Zip Code Transaction ID: SA11AI.12801 ΑZ Tucson 85718 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 430.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Smalley, John, P., Date of Receipt Mailing Address 4535 N Camino del Obispo 04 2016 City State Zip Code Transaction ID: SA11AI.12802 ΑZ Tucson 85718 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 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 Smalley, John, P,, Date of Receipt Mailing Address 4535 N Camino del Obispo 2016 City Zip Code State Transaction ID: SA11AI.12803 ΑZ 85718 Tucson Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Smalley, John, P, , Date of Receipt Mailing Address 4535 N Camino del Obispo 18 2016 City State Zip Code Transaction ID: SA11AI.12804 ΑZ Tucson 85718 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Smee, Betty, D., Date of Receipt Mailing Address 877 River Bluff Dr 2016 City State Zip Code Transaction ID: SA11AI.12868 CA Oakdale 95361 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smee, Betty, D, , Date of Receipt Mailing Address 877 River Bluff Dr 2016 City Zip Code State Transaction ID: SA11AI.12869 CA Oakdale 95361 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director of Clinical Services** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smee, Betty, D,, Date of Receipt Mailing Address 877 River Bluff Dr 2016 City State Zip Code Transaction ID: SA11AI.12870 CA Oakdale 95361 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Smee, Betty, D., Date of Receipt Mailing Address 877 River Bluff Dr 11 2016 City State Zip Code Transaction ID: SA11AI.12871 CA Oakdale 95361 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smee, Betty, D, , Date of Receipt Mailing Address 877 River Bluff Dr 2016 City Zip Code State Transaction ID: SA11AI.12872 CA Oakdale 95361 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director of Clinical Services** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Smith, Nicole, R, , Date of Receipt Mailing Address 187 East St. 2nd Floor 10 2016 City State Zip Code Transaction ID: SA11AI.12420 MA Chicopee 01020 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Smith, Nicole, R., Date of Receipt Mailing Address 187 East St. 2nd Floor 28 2016 City State Zip Code Transaction ID: SA11AI.12421 MA Chicopee 01020 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Account Manager - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Spahr, Brian, M,, Date of Receipt Mailing Address 2421 Bear Rock Gln 2016 City Zip Code State Transaction ID: SA11AI.12816 CA Escondido 92026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Business Dev Mgr - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Spahr, Brian, M, Date of Receipt Mailing Address 2421 Bear Rock Gln 2016 City State Zip Code Transaction ID: SA11AI.12817 CA Escondido 92026 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Business Dev Mgr - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Spahr, Brian, M, Date of Receipt Mailing Address 2421 Bear Rock Gln 11 2016 City State Zip Code Transaction ID: SA11AI.12818 CA Escondido 92026 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Business Dev Mgr - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 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 Speer, Nathan, , , Date of Receipt Mailing Address 524 Toledo Dr 2016 City Zip Code State Transaction ID: SA11AI.12475 PA Lowe Burrell 15068 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director - National Accounts** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Speer, Nathan, , , Date of Receipt Mailing Address 524 Toledo Dr 2016 City State Zip Code Transaction ID: SA11AI.12476 Lowe Burrell PA 15068 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director - National Accounts** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Speer, Nathan, , , Date of Receipt Mailing Address 524 Toledo Dr 18 2016 City State Zip Code Transaction ID: SA11AI.12477 PΑ Lowe Burrell 15068 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director - National Accounts** Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sticklin, Matthew, A,, Date of Receipt Mailing Address 3410 Toone St 2016 City Zip Code State Transaction ID: SA11AI.12569 MD **Baltimore** 21224 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sticklin, Matthew, A,, Date of Receipt Mailing Address 3410 Toone St 10 2016 City State Zip Code Transaction ID: SA11AI.12571 MD **Baltimore** 21224 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 410.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sticklin, Matthew, A, Date of Receipt Mailing Address 3410 Toone St 04 2016 City Zip Code State Transaction ID: SA11AI.12573 MD **Baltimore** 21224 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) 139 FOR LINE NUMBER: PAGE 124 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sticklin, Matthew, A,, Date of Receipt Mailing Address 3410 Toone St 2016 City Zip Code State Transaction ID: SA11AI.12575 MD **Baltimore** 21224 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sticklin, Matthew, A, , Date of Receipt Mailing Address 3410 Toone St 18 2016 City State Zip Code Transaction ID : SA11AI.12577 MD **Baltimore** 21224 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Stone, Sean, T, Date of Receipt Mailing Address 637 P Street 2016 City State Zip Code Transaction ID: SA11AI.12908

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stone, Sean, T,, Date of Receipt Mailing Address 637 P Street 2016 City Zip Code State Transaction ID: SA11AI.12909 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Business Dev Mgr - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stone, Sean, T,, Date of Receipt Mailing Address 637 P Street 2016 City State Zip Code Transaction ID: SA11AI.12910 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Business Dev Mgr - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Stone, Sean, T, Date of Receipt Mailing Address 637 P Street 11 2016 City Zip Code State Transaction ID: SA11AI.12911 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Business Dev Mgr - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stone, Sean, T,, Date of Receipt Mailing Address 637 P Street 2016 City Zip Code State Transaction ID: SA11AI.12912 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Business Dev Mgr - Homecare Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Truman, Brandon, K, , Date of Receipt Mailing Address 240 Ringneck Drive 10 2016 City State Zip Code Transaction ID: SA11AI.12478 PA Harrisburg 17112 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Truman, Brandon, K, Date of Receipt Mailing Address 240 Ringneck Drive 28 2016 City State Zip Code Transaction ID: SA11AI.12479 PΑ Harrisburg 17112 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Truman, Brandon, K,, Date of Receipt Mailing Address 240 Ringneck Drive 2016 City Zip Code State Transaction ID: SA11AI.12480 PA Harrisburg 17112 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Truman, Brandon, K, , Date of Receipt Mailing Address 240 Ringneck Drive 2016 City State Zip Code Transaction ID: SA11AI.12481 PA Harrisburg 17112 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Truman, Brandon, K, Date of Receipt Mailing Address 240 Ringneck Drive 18 2016 City State Zip Code Transaction ID: SA11AI.12482 PΑ Harrisburg 17112 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional).....

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PAGE 128 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vander Linden, Brandon, J,, Date of Receipt Mailing Address 53 Alvarado St 2016 City Zip Code State Transaction ID: SA11AI.12848 CA San Francisco 94110 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vander Linden, Brandon, J, Date of Receipt Mailing Address 53 Alvarado St 10 2016 City State Zip Code Transaction ID: SA11AI.12849 CA San Francisco 94110 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Vander Linden, Brandon, J., Date of Receipt Mailing Address 53 Alvarado St 04 2016 City Zip Code State Transaction ID: SA11AI.12850 CA San Francisco 94110 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Director-Business Dev Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wallace, Daniel, P,, Date of Receipt Mailing Address 424 Brewer Ave. 2016 City Zip Code State Transaction ID: SA11AI.12746 OH Akron 44305 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wallace, Daniel, P,, Date of Receipt Mailing Address 424 Brewer Ave. 2016 City State Zip Code Transaction ID: SA11AI.12747 OH Akron 44305 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wallace, Daniel, P., Date of Receipt Mailing Address 424 Brewer Ave. 11 2016 City Zip Code State Transaction ID: SA11AI.12748 OH Akron 44305 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 131 OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wallace, Daniel, P,, Date of Receipt Mailing Address 424 Brewer Ave. 2016 City State Zip Code Transaction ID: SA11AI.12749 OH Akron 44305 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wilkinson, Matthew, J,, Date of Receipt Mailing Address 813 Foxfire Dr 10 2016 City State Zip Code Transaction ID: SA11AI.12715 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General

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Full Name of Individual (Last, First, Middle I Wilkinson, Matthew, J, , Mailing Address 813 Foxfire Dr	iling Address 813 Foxfire Dr						
City Louisville FEC ID number of contributing	State KY	Zip Code 40223	Transaction ID : SA11AI.12716 Amount of Each Receipt this Period 10.00				
Name of Employer (for Individual) Maxim Healthcare Services Inc	Occu	pation (for Individual) Vice President	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate \	∕ear-to-Date ▼ 460.00					
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wilkinson, Matthew, J,, Date of Receipt Mailing Address 813 Foxfire Dr 2016 City Zip Code State Transaction ID: SA11AI.12717 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 470.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wilkinson, Matthew, J,, Date of Receipt Mailing Address 813 Foxfire Dr 2016 City State Zip Code Transaction ID: SA11AI.12718 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wilkinson, Matthew, J., Date of Receipt Mailing Address 813 Foxfire Dr 18 2016 City Zip Code State Transaction ID: SA11AI.12719 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Womack, Brian, , , Date of Receipt Mailing Address 7807 Empire Ct 2016 City Zip Code State Transaction ID: SA11AI.12730 OH Toledo 43528 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Womack, Brian, , , Date of Receipt Mailing Address 7807 Empire Ct 10 2016 City State Zip Code Transaction ID: SA11AI.12731 OH Toledo 43528 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 430.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Womack, Brian, , , Date of Receipt Mailing Address 7807 Empire Ct 04 2016 City Zip Code State Transaction ID: SA11AI.12732 OH Toledo 43528 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Womack, Brian, , , Date of Receipt Mailing Address 7807 Empire Ct 2016 City Zip Code State Transaction ID: SA11AI.12733 OH Toledo 43528 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrative Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Womack, Brian, , , Date of Receipt Mailing Address 7807 Empire Ct 18 2016 City State Zip Code Transaction ID: SA11AI.12734 OH Toledo 43528 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Administrative Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Yearsley, Donna, , , Date of Receipt Mailing Address 5 Estelle Ave. 04 2016 City Zip Code State Transaction ID: SA11AI.12450 NJ Dorothy 08317 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Yearsley, Donna, , , Date of Receipt Mailing Address 5 Estelle Ave. 2016 City Zip Code State Transaction ID: SA11AI.12451 NJ Dorothy 08317 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director of Clinical Services** Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Yearsley, Donna, , , Date of Receipt Mailing Address 5 Estelle Ave. 18 2016 City State Zip Code Transaction ID: SA11AI.12452 NJ Dorothy 08317 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Zdarko, Joel, , , Date of Receipt Mailing Address 1439 Harlan Dr. 2016 City State Zip Code Transaction ID: SA11AI.12853 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Zdarko, Joel, , , Date of Receipt Mailing Address 1439 Harlan Dr. 2016 City Zip Code State Transaction ID: SA11AI.12854 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Area Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zdarko, Joel, , , Date of Receipt Mailing Address 1439 Harlan Dr. 2016 City State Zip Code Transaction ID: SA11AI.12855 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Zdarko, Joel, , , Date of Receipt Mailing Address 1439 Harlan Dr. 11 2016 City State Zip Code Transaction ID: SA11AI.12856 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

City

FEC ID number of contributing federal political committee.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Amount of Each Receipt this Period

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Zdarko, Joel, , , Date of Receipt Mailing Address 1439 Harlan Dr. 2016 18 City State Zip Code Transaction ID: SA11AI.12857 CA Danville 94526 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В. Date of Receipt Mailing Address

Zip Code

State

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

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	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼				
C.	Full Name of Individual (Last, First, Middle Initi Mailing Address	Name of Individual (Last, First, Middle Initial) or Full Organization Name					
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼				
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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 138 OF 139		
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NAME OF COMMITTEE (In Full)						
MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION (COMMITTEE	(MAXIM HEALTHCARE PAC)		
Full Name (Last, First, Middle Initial)						
A. BB&T	Date of Disbursement					
Mailing Address 300 S Washington St	10 21 2016					
City	State		FEC Identification Number			
Alexandria	VA	22314				
Purpose of Disbursement Bank Fee	C					
Candidate Name		Transaction ID : SB21B.12416				
Catego Type				Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:		.,,,,	54.00		
Senate	Primary General					
President	Other (spe	cify) ▼		Memo Item		
State: District:						
Full Name (Last, First, Middle Initial)				Data of Dishursoment		
B. BB&T	Date of Disbursement					
Mailing Address 300 S Washington St	11 21 2016					
maining real ood of washington of						
City	State VA	Zip Code		FEC Identification Number		
Alexandria						
Purpose of Disbursement Bank Fee	C					
Candidate Name	Transaction ID : SB21B.12417					
	Amount of Each Disbursement this Period					
Office Sought: House Disburse	Туре	36.00				
Senate	Primary	General				
President	Other (spe	cify)		Memo Item		
State: District:						
Full Name (Last, First, Middle Initial) C.				Date of Disbursement		
o.						
Mailing Address	M M / D D / Y Y Y Y					
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement						
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Candidate Name	Amount of Each Disbursement this Period					
			Category/ Type			
Office Sought: House Disburse						
Senate	Primary	General		_		
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SUBTOTAL of Disbursements This Page (optional)				90.00		
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TOTAL This Period (last page this line number only	·)			90.00		

S П

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 139 OF 1				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check only				
			21b 28a	22 23 28b 28c	26 27 29 30b		
Any information copied from such Reports and Stater	nents may n	ot be sold or us					
or for commercial purposes, other than using the nan	ne and addre	ess of any politic	cal committee to	solicit contributions	from such committee.		
NAME OF COMMITTEE (In Full)							
MAXIM HEALTHCARE SERVICES INC	POLITICA	AL ACTION (COMMITTEE	(MAXIM HEAL)	THCARE PAC)		
Full Name (Last, First, Middle Initial)							
A. Home PAC	Date of Disbursement						
Mailing Address 600 N. 12th St, Suite 200	10 20 2016						
City Lemoyne	State PA	Zip Code 17043		FEC Identification	Number		
Purpose of Disbursement					C		
Non-Federal Political Contribution	Transaction ID : SB29.12412						
Candidate Name	Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburser	ment For:	ent For:		1000.00			
Senate	Primary General Other (specify) ▼			Memo Item			
President							
State: District: Full Name (Last, First, Middle Initial)				_			
B.				Date of Disburser	ment		
	M = M / D = D / Y = Y = Y						
Mailing Address							
City	FEC Identification	Number					
Durance of Dishuraneset							
Purpose of Disbursement	C						
Candidate Name	Amount of Each Disbursement this Period						
Office Cought: House Dishurses							
Office Sought: House Disburser Senate				7	4		
President				Memo Item			
State: District:				Memo item			
Full Name (Last, First, Middle Initial) C.				Date of Disburser	ment		
o .	M M / D D / Y Y Y Y						
Mailing Address							
City	State	Zip Code		FFO Identification	Nicosia		
				FEC Identification	ivumber		
Purpose of Disbursement	C						
Candidate Name	Amount of Each Disbursement this Period						
			Category/ Type	7			
Office Sought: House Disburser Senate		17117					
President	Primary Other (speci	☐ General ify) ▼		Memo Item			
State: District:		., .		Iviemo item			
					1000.00		
SUBTOTAL of Disbursements This Page (optional)			·····•		1000.00		
TOTAL This Period (last page this line number only)					1000.00		