

| Schedule A: Direct Contributions Over \$100<br><br>Full Name of Contributor<br>Mailing Address of Contributor | Donor Information<br>1. Employer or Business (If Corporate/Company Donor: N/A)<br>2. Type of Business(If Corporate Donor Type of Business)<br>3. Business Location | Date<br>Received | Contribution<br>This Period | Aggregate<br>To Date |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|----------------------|
| Maxim Healthcare Services<br>7227 Lee Deforest Drive<br>Columbia, 21046                                       | 1.<br>2.Health care service provider<br>3.Columbia, MD                                                                                                             | 10/23/2015       | \$1,000.00                  | \$0.00               |

No Schedule B results to display.

No Schedule E-1 results to display.