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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auti	norized 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	TICAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)
ADDRESS (number and street)	7227 Lee Deforest Drive		
Check if different than previously			MD
reported. (ACC)	Columbia		MD 21046
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Υ▲	STATE ▲ ZIP CODE ▲
C C00558932		S THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) <b>X</b> May 20 (M5	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (0	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (0	23)	M M / D D /	Y Y Y in the
January 31 Year-End Report (\	YE) Electio	n on	State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	on (d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on	in the State of
5. Covering Period 04		through 04	30 2023
I certify that I have examined the	nis Report and to the best of	my knowledge and belief it is t	rue, correct and complete.
Type or Print Name of Treasure	Campbell, Tara, , , er		
Signature of Treasurer	pbell, Tara, , ,	[Electronically Filed]	Date 05 / 19 / 2023
NOTE: Submission of false, erron	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 3010
Office			FEC FORM 3X
Use			Rev. 05/2016

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) 04 01 2023 04 30 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 109164.45 January 1. 2023 (b) Cash on Hand at 114641.87 Beginning of Reporting Period..... 5279.36 17256.78 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 119921.23 126421.23 6(a) and 6(c) for Column B)..... 8700.00 15200.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 111221.23 111221.23 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:	Iotai IIIIS Feliuu	Caleffual Teal-tu-Date
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	2057.36	3952.24
(ii) Unitemized	3222.00	13304.54
(iii) TOTAL (add	45	4 4 4
Lines 11(a)(i) and (ii)▶	5279.36	17256.78
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7 7 7	1 1 1 1 1 1 1 1 1 1
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	5279.36	17256.78
Totals to Line 33, page 5)  2. Transfers From Affiliated/Other	4	4 4
Party Committees	0.00	0.00
	7 7 7	
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures	7 7 7	7 7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
17. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds     Non Federal Assessment		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(ITOTH OCHECUTE TIO)	0.00	3 3 3
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i unus (nom ochedule 115)	4 4	4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5279.36	17256.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5279.36	17256.78

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)	10.00.1.00.1.00.00	Calcinal 16al-10-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	0.00	0.00
(c) Total Operating Expenditures		1 1 1 1 1 1 1 1
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	1500.00
. Independent Expenditures (use Schedule E)	0.00	0.00
. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	7 7 7
(use scriedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements (Including		
Non-Federal Donations)	8700.00	13700.00
Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity (from Schedule H6)	(20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
= 35(a)(i), 55(a)(ii) and 55(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8700.00	15200.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	8700.00	15200.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

			Page <b>5</b>
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	tal Contributions (other than loans) om Line 11(d), page 3)	5279.36	17256.78
(fro	tal Contribution Refunds om Line 28(d))	0.00	0.00
	et Contributions (other than loans)  ubtract Line 34 from Line 33)	5279.36	17256.78
	tal Federal Operating Expenditures dd Line 21(a)(i) and Line 21(b))	0.00	0.00
	fsets to Operating Expenditures om Line 15, page 3)	0.00	0.00
	et Operating Expenditures ubtract Line 37 from Line 36)	0.00	0.00

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

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	13 14				15	16	6	17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 2023 City Zip Code State Transaction ID: SA11AI.29978 MD Ellicott City 21042 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) VP of Corporate Services Maxim Healthcare Services Inc Payroll Deduction 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 04 2023 City State Zip Code Transaction ID: SA11AI.29979 Ellicott City MD 21042 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 Payroll Deduction VP of Corporate Services 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.** Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 2023 City Zip Code State Transaction ID: SA11AI.29980 MD Ellicott City 21042 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) Payroll Deduction Maxim Healthcare Services Inc VP of Corporate Services Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... 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 Brickhouse, Duane, , , Date of Receipt Mailing Address 3605 Ligon road 2023 City Zip Code State Transaction ID: SA11AI.29981 MD Ellicott City 21042 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) VP of Corporate Services Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cockrell, Tyler, L,, Date of Receipt Mailing Address 105 NW Peale Boulevard 04 2023 City State Zip Code Transaction ID: SA11AI.30035 Lee's Summit MO 64081 Amount of Each Receipt this Period FEC ID number of contributing 250.00 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) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Corya, Lane, , , Date of Receipt Mailing Address 3420 Broadway Blvd Apt 203 14 2023 Zip Code City State Transaction ID: SA11AI.30046 MO Kansas City 64111 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Business Dev Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 515.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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 Costello, Morgan, Anne, , Date of Receipt Mailing Address 10440 S Spaulding Ave 2023 City Zip Code State Transaction ID: SA11AI.30048 IL Chicago 60655 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Senior Business Dev Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 04 2023 City State Zip Code Transaction ID: SA11AI.30068 CO Edwards 81632 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 Payroll Deduction Chief Executive Officer 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.** DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 14 2023 City State Zip Code Transaction ID: SA11AI.30069 CO Edwards 81632 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) Payroll Deduction Maxim Healthcare Services Inc Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 310.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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 DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 City Zip Code State Transaction ID: SA11AI.30070 CO Edwards 81632 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 Executive Officer Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place x2807 04 2023 City State Zip Code Transaction ID: SA11AI.30071 CO Edwards 81632 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 Payroll Deduction Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Diaz, Matthew, M, Date of Receipt Mailing Address 4910 Regal Court 2023 City State Zip Code Transaction ID: SA11AI.30072 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) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

#### SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 10 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)    X   11a
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	ES INC POLIT	TICAL ACTION COMMITT	EE (MAXIM HEALTHCARE PAC)
Full Name of Individual (Last, First, Middle Diaz, Matthew, M, ,  Mailing Address 4910 Regal Court  City Rocklin  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Maxim Healthcare Services Inc	State CA C	Zip Code 95765  upation (for Individual) gional Vice President	Date of Receipt  04 14 2023  Transaction ID: SA11AI.30073  Amount of Each Receipt this Period  30.00  Memo Item  Payroll Deduction
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 450.00	
Full Name of Individual (Last, First, Middle Diaz, Matthew, M, ,  Mailing Address 4910 Regal Court	e Initial) or Full C	Organization Name	Date of Receipt  04 21 2023
City Rocklin  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Maxim Healthcare Services Inc  Receipt For:  Primary General Other (specify) ▼	Reg	Zip Code 95765  supation (for Individual) gional Vice President  Year-to-Date ▼  480.00	Transaction ID : SA11AI.30074  Amount of Each Receipt this Period  30.00  Memo Item  Payroll Deduction
Full Name of Individual (Last, First, Middle Diaz, Matthew, M, ,  Mailing Address 4910 Regal Court	,		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rocklin FEC ID number of contributing federal political committee.	State CA	Zip Code 95765	Transaction ID : SA11AI.30075  Amount of Each Receipt this Period  30.00
Name of Employer (for Individual)  Maxim Healthcare Services Inc  Receipt For:  Primary General  Other (specify)	Reg	upation (for Individual)  ijonal Vice President  Year-to-Date ▼  510.00	Memo Item Payroll Deduction
SUBTOTAL of Receipts This Page (optional	<u>,                                      </u>		90.00

FOR LINE NUMBER: PAGE 11 Use separate schedule(s) (check only one) **X** 11a 11b 11c

OF

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 Johnston, Matthew, , , Date of Receipt Mailing Address 5610 West 180th St 2023 City Zip Code State Transaction ID: SA11AI.30177 KS Stilwell 66085 Amount of Each Receipt this Period FEC ID number of contributing 300.00 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 300.00 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. 04 2023 City State Zip Code Transaction ID: SA11AI.30207 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 Payroll Deduction CNO & SVP Clini OP and Quality 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.** Lanier, Laura, K, , Date of Receipt Mailing Address 650 Heartwood Dr. 14 2023 City Zip Code State Transaction ID: SA11AI.30208 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) Payroll Deduction Maxim Healthcare Services Inc CNO & SVP Clini OP and Quality Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 360.00 SUBTOTAL of Receipts This Page (optional)..... 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 Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 2023 City Zip Code State Transaction ID: SA11AI.30209 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) CNO & SVP Clini OP and Quality Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 04 2023 City State Zip Code Transaction ID: SA11AI.30210 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 Payroll Deduction CNO & SVP Clini OP and Quality Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Middleton, Deeley, C, Date of Receipt Mailing Address 213 St Dunstans Road 2023 City Zip Code State Transaction ID: SA11AI.30259 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) Payroll Deduction Maxim Healthcare Services Inc SVP - Chief Compliance Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 403.76 Other (specify) 88.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 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 Middleton, Deeley, C,, Date of Receipt Mailing Address 213 St Dunstans Road 2023 City Zip Code State Transaction ID: SA11AI.30260 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) SVP - Chief Compliance Officer Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 432.60 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 04 2023 City State Zip Code Transaction ID: SA11AI.30261 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 SVP - Chief Compliance Officer Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 461.44 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 2023 City Zip Code State Transaction ID: SA11AI.30262 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) Payroll Deduction Maxim Healthcare Services Inc SVP - Chief Compliance Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 490.28 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

28 FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 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 Phipps, Laurie, M,, Date of Receipt Mailing Address 1110 Cloverfield 2023 City Zip Code State Transaction ID: SA11AI.30297 NC Leland 28451 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) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction 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.** Phipps, Laurie, M, , Date of Receipt Mailing Address 1110 Cloverfield 04 2023 City State Zip Code Transaction ID: SA11AI.30298 NC Leland 28451 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 Payroll Deduction Area VP Clinical Operations 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.** Phipps, Laurie, M., Date of Receipt Mailing Address 1110 Cloverfield 2023 City Zip Code State Transaction ID: SA11AI.30299 NC Leland 28451 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) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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		13 14					16		17

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 Phipps, Laurie, M,, Date of Receipt Mailing Address 1110 Cloverfield 2023 City Zip Code State Transaction ID: SA11AI.30300 NC Leland 28451 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) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Plaine, Marsha, C, , Date of Receipt Mailing Address 3503 Nelson Meadow Ln 04 2023 City State Zip Code Transaction ID: SA11AI.30301 Greensboro NC 27406 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 Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Plaine, Marsha, C, Date of Receipt Mailing Address 3503 Nelson Meadow Ln 14 2023 City Zip Code State Transaction ID: SA11AI.30302 NC Greensboro 27406 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) Payroll Deduction Maxim Healthcare Services Inc Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 55.00 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 Plaine, Marsha, C, , Date of Receipt Mailing Address 3503 Nelson Meadow Ln 2023 City Zip Code State Transaction ID: SA11AI.30303 NC Greensboro 27406 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) Area VP Clinical Operations Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Plaine, Marsha, C, , Date of Receipt Mailing Address 3503 Nelson Meadow Ln 04 2023 City State Zip Code Transaction ID: SA11AI.30304 Greensboro NC 27406 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 Payroll Deduction Area VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 340.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Raney, Michael, , , Date of Receipt Mailing Address 8105 Grand Harbour CT 2023 City State Zip Code Transaction ID: SA11AI.30313 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) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 392.00 Other (specify) 68.00 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 Raney, Michael, , , Date of Receipt Mailing Address 8105 Grand Harbour CT 2023 City Zip Code State Transaction ID: SA11AI.30314 Wilmington NC 28411 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Regional Vice President Payroll Deduction 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. Raney, Michael, , , Date of Receipt Mailing Address 8105 Grand Harbour CT 04 2023 City State Zip Code Transaction ID: SA11AI.30315 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 Payroll Deduction Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 448.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Raney, Michael, , , Date of Receipt Mailing Address 8105 Grand Harbour CT 28 2023 City State Zip Code Transaction ID: SA11AI.30316 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing C 28.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 476.00 Other (specify) 84.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Riddle, Laura, J,, Date of Receipt Mailing Address 39 Blake Rd. 2023 City Zip Code State Transaction ID: SA11AI.30332 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 Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 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. 04 2023 City State Zip Code Transaction ID: SA11AI.30333 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 Payroll Deduction Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Riddle, Laura, J, Date of Receipt Mailing Address 39 Blake Rd. 2023 City Zip Code State Transaction ID: SA11AI.30334 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) Payroll Deduction Maxim Healthcare Services Inc Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Riddle, Laura, J,, Date of Receipt Mailing Address 39 Blake Rd. 2023 City Zip Code State Transaction ID: SA11AI.30335 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 Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 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 04 2023 City State Zip Code Transaction ID: SA11AI.30375 MD Perry Hall 21128 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 Payroll Deduction Vice President - 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 14 2023 City State Zip Code Transaction ID: SA11AI.30376 MD Perry Hall 21128 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) Payroll Deduction Maxim Healthcare Services Inc Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 85.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 2023 City Zip Code State Transaction ID: SA11AI.30377 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 04 2023 City State Zip Code Transaction ID: SA11AI.30378 MD Perry Hall 21128 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 Payroll Deduction Vice President - Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... 2057.36 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)	Use separate	schedule(s)	FOR LINE NUMBER: PAGE 21 OF 28			
ITEMIZED DISBURSEMENTS	for each cate Detailed Sum	gory of the	(check only 21b 28a	one)  22 23 26 27 28b 28c <b>x</b> 29 30b		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)  MAXIM HEALTHCARE SERVICES INC						
/ Full Name (Last, First, Middle Initial)						
Abraham Aiyash for Michigan				Date of Disbursement		
Mailing Address 10034 JOSEPH CAMPAU AVE.				04 26 2023		
City HAMTRAMCK Purpose of Disbursement		Code 8212		FEC Identification Number		
Non-Federal Political Contribution		lΓ	011	C		
Candidate Name	Category/ Type			Transaction ID: SB29.30695 Amount of Each Disbursement this Period		
Office Sought: House Disbursen Senate President	Primary	General		250.00		
State: District:	Other (specify)	•		Memo Item		
Full Name (Last, First, Middle Initial)  B. Alabas A Farhat  Mailing Address 4795 ROSALIE				Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
DEARBORN	· · · · · · · · · · · · · · · · · · ·	Code 8126		FEC Identification Number		
Purpose of Disbursement Non-Federal Political Contribution	·	Г	011	C		
Candidate Name			Category/	Transaction ID: SB29.30677  Amount of Each Disbursement this Period		
Office Sought: House Disbursen Senate	nent For: Primary	General		250.00		
President State: District:	Other (specify)			Memo Item		
Full Name (Last, First, Middle Initial)  C. Angela Witwer for State Represent	ative			Date of Disbursement		
Mailing Address PO Box 80221				04 26 2023		
Lansing	·	Code 8908		FEC Identification Number		
Purpose of Disbursement Non-Federal Political Contribution  Candidate Name		[	011 Category/	Transaction ID : SB29.30575 Amount of Each Disbursement this Period		
			Type			
Office Sought: House Disbursen Senate President	nent For: Primary Other (specify)	General		500.00		
State: District:	(1 3/	•		Memo Item		
SUBTOTAL of Disbursements This Page (optional)			<u>\</u>	1000.00		
TOTAL This Period (last page this line number only)						

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 OF 28				
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(check only				
		Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b			
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NAME OF COMMITTEE (In Full)							
MAXIM HEALTHCARE SERVICES IN	C POLITI	CAL ACTION C	COMMITTEE	(MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial)							
A. Committee to Elect Amos ONeal				Date of Disbursement			
Mailing Address 207 MOTON DR.				04 26 2023			
City SAGINAW	State MI	Zip Code 48601		FEC Identification Number			
Purpose of Disbursement				C			
Non-Federal Political Contribution			011	Transaction ID : SB29.30681			
Candidate Name			Category/ Type	Amount of Each Disbursement this Perio	od		
Office Sought: House Disburs	ement For:		.,,,,	250.00			
Senate President	Primary	General					
State: District:	Other (sp	ecity) $\blacktriangledown$		Memo Item			
Full Name (Last, First, Middle Initial)							
B. Committee to Elect Christine Mor	se for St	ate House		Date of Disbursement			
Mailing Address 5408 SADDLE CLUB DRIVE				04 26 _ 2023 _			
Maining Address S408 SADDLE CLUB DRIVE				04 20 2023			
City	State MI	Zip Code		FEC Identification Number			
Kalamazoo Purpose of Disbursement	IVII	49009		C			
Non-Federal Political Contribution			011	Transaction ID : SB29.30577			
Candidate Name			Category/	Amount of Each Disbursement this Perio	od		
Office Occupies			Туре	200.00	7		
Office Sought: House Disburs Senate	ement For: Primary	General		300.00	_		
President	Other (sp			п.,			
State: District:		, , , , , , , , , , , , , , , , , , ,		Memo Item			
Full Name (Last, First, Middle Initial)				Data of Diahuwaawaat			
C. Committee to Elect Jasper Martus	5			Date of Disbursement			
Mailing Address 612 NORTHWOOD DRIVE				04 26 2023			
City	State	Zip Code		FEC Identification Number			
FLUSHING	MI	48433					
Purpose of Disbursement Non-Federal Political Contribution			011	Transaction ID : SB29.30675			
Candidate Name			Category/	Amount of Each Disbursement this Perio	od		
Office Sought: House Disburs	ement For:		Туре	250.00	7		
Senate	Primary	General		4 4	-		
President	Other (sp	ecify) 🔻		Memo Item			
State: District:	_						
SUBTOTAL of Disbursements This Page (optional)				800.00	$\neg$		
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TOTAL This Period (last page this line number on	v)						

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	EMIZED DISBURSEMENTS	Use separate schedule(s) (check			OR LINE NUMBER:  neck only one)			
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nam							
$\setminus$	NAME OF COMMITTEE (In Full)							
	MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION (	COMMITTEE	E (MAXIM HEALTHCARE PAC)			
$\overline{}$	Full Name (Last, First, Middle Initial)							
A.	Committee to Elect Joseph Tate				Date of Disbursement			
Mailing Address 192 Lenox St.			1		04 26 2023			
	City Setroit	State MI	Zip Code 48215		FEC Identification Number			
	Purpose of Disbursement	IVII	46213		C			
	Non-Federal Political Contribution			011				
	Candidate Name			Category/	Transaction ID : SB29.30573 Amount of Each Disbursement this Period			
	0/5			Type	1000.00			
	Office Sought: House Disburser Senate	ment For: Primary	General		1000.00			
	President	Other (spec			Memo Item			
	State: District:				Wellio itelli			
_	Full Name (Last, First, Middle Initial)							
В.	Committee to Elect Kristen McDon	ald Rive	et		Date of Disbursement			
	Mailing Address 2600 CENTER AVE.				04 26 2023			
	City	State	Zip Code		FEC Identification Number			
	BAY CITY	MI	48708					
	Purpose of Disbursement Non-Federal Political Contribution	011			C			
	Candidate Name			Category/	Transaction ID: SB29.30697 Amount of Each Disbursement this Period			
				Type	Amount of Each Dispursement this Feriou			
	Office Sought: House Disburser	nent For: Primary General Other (specify)			250.00			
	Senate President							
	State: District:	Other (open	511 <b>y</b> )		Memo Item			
	Full Name (Last, First, Middle Initial)							
C.	Committee to Elect Kristian Grant				Date of Disbursement			
	Mailing Address 429 ELLIOTT ST SE				04 26 2023			
	,	State	Zip Code		FEC Identification Number			
	GRAND RAPIDS Purpose of Disbursement	MI	49507					
	Non-Federal Political Contribution			011	C			
	Candidate Name			Category/	Transaction ID: SB29.30687  Amount of Each Disbursement this Period			
	Office Sought House District	mont Fem		Type	250.00			
	Office Sought: House Disburser Senate	ment For: Primary	General		250.00			
	President	Other (spec			Momo Itom			
	State: District:				Memo Item			
[	UBTOTAL of Disbursements This Page (optional)				1500.00			
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 OF 28			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		/ one)		
		Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b		
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or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
$ \; angle$ MAXIM HEALTHCARE SERVICES INC	POLITIO	CAL ACTION (	COMMITTEE	(MAXIM HEALTHCARE PAC)		
Full Name (Last, First, Middle Initial)						
A. Committee to Elect Rachel Hood				Date of Disbursement		
				M M / D D / Y Y Y		
Mailing Address 28 GUILD NE				04 26 2023		
City	State	Zip Code		FF0.11 .15 .11 .11		
GRAND RAPIDS	MI	49505		FEC Identification Number		
Purpose of Disbursement Non-Federal Political Contribution			244			
Candidate Name			011	Transaction ID : SB29.30679 Amount of Each Disbursement this Period		
Candidate Name			Category/ Type			
Office Sought: House Disburse	ement For:		.,,,,,	250.00		
Senate	Primary	General		7 7 7		
State: District:	Other (spe	ecify) 🔻		Memo Item		
Full Name (Last, First, Middle Initial)						
B. CTE Winnie Brinks for Senate				Date of Disbursement		
				M M / D D / Y Y Y Y		
Mailing Address 2060 Osceola Drive SE				04 26 2023		
City	State	Zip Code		FEC Identification Number		
Grand Rapids	MI	49506				
Purpose of Disbursement  Non-Federal Political Contribution			011	C		
Candidate Name				Transaction ID : SB29.30572 Amount of Each Disbursement this Period		
			Category/ Type	Amount of Lacif Disbursement this Period		
	ement For:			1000.00		
Senate President	Primary Other (spe	General				
State: District:	Other (spe	ecity)		Memo Item		
Full Name (Last, First, Middle Initial)						
C. Darrin Camilleri for State Senate				Date of Disbursement		
Mailing Address 2964 HARRISON AVE				04 26 2023		
Maining Addition 2504 MARRISON AVE				2023		
City	State	Zip Code		FEC Identification Number		
TRENTON Purpose of Disbursement	MI	48183				
Non-Federal Political Contribution			011	Transaction ID : SB29.30699		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Office Cought: House Dishurse			Type	250.00		
Office Sought: House Disburse Senate	ement For: Primary	General		230.00		
President	Other (spe			Memo Item		
State: District:	. ,			Wellio Itelli		
				4500.00		
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	NAME OF COMMITTEE (In Full)							
	MAXIM HEALTHCARE SERVICES INC	POLITIC	CAL ACTION (	COMMITTE	E (MAXIM HEALTHCARE PAC	;)		
_	Full Name (Last, First, Middle Initial)				5			
	Felicia Brabec for State Represen	tative			Date of Disbursement	TY		
	Mailing Address 2075 W. Stadium Blvd #3224				04 26 2023			
	City	State	Zip Code		FEC Identification Number			
	Ann Arbor Purpose of Disbursement	MI	48106			1		
	Non-Federal Political Contribution			011	C			
	Candidate Name			Category/ Type	Transaction ID : SB29.30576	- Dii		
					Amount of Each Disbursement this Period			
	Office Sought: House Disburse	ment For:		.,,,,	250	0.00		
	Senate	Primary	General		7 7			
	President	Other (spe	cify) 🔻		Memo Item			
	State: District:							
	Full Name (Last, First, Middle Initial)				Date of Disbursement			
υ.	Friends of Bryan Posthumus							
	Mailing Address 11908 ELKINS ST NE				04 26 2023			
	City	State	Zip Code		FFO Identification Number			
	GREENVILLE	MI	48838		FEC Identification Number	-		
	Purpose of Disbursement  Non-Federal Political Contribution			1				
				011	Transaction ID : SB29.30689			
	Candidate Name			Category/	Amount of Each Disbursement this	3 Period		
	Office Sought: House Disburse	ment For:		Туре	250	0.00		
	Senate Sought.	Primary	General		200	7.00		
	President	Other (spe			п.,			
	State: District:	, ,	.,		Memo Item			
	Full Name (Last, First, Middle Initial)							
C.	Friends of John Fitzgerald				Date of Disbursement			
	Mailing Address 1780 GLENVALE CT SW				04 26 2023	- Y		
	City	State	Zip Code		FEC Identification Number			
	WYOMING	MI	49519		TEO Identification Number	-		
	Purpose of Disbursement Non-Federal Political Contribution			011	Transaction ID : SB29.30693			
	Candidate Name			Category/	Amount of Each Disbursement this	s Period		
	Office Sought: House Disburse	ment For:		Туре	250	0.00		
	Senate Dispurse	Primary	General		200	,.50		
	President	Other (spe			п			
	State: District:	( <b>- p o</b>	<i>3</i> , <del>4</del>		Memo Item			
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S	JBTOTAL of Disbursements This Page (optional).			·····•	750	0.00		
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SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 26 OF 28			
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the					
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or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	POLITICAL ACTIO	N COMMITTEE	E (MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial)						
A. Friends of Phil Skaggs			Date of Disbursement			
Mailing Address 2615 HALL ST SE			04 26 7 2023			
GRAND RAPIDS	State Zip Code MI 49506		FEC Identification Number			
Purpose of Disbursement Non-Federal Political Contribution		011	C			
Candidate Name		Category/	Transaction ID : SB29.30685 Amount of Each Disbursement this Period			
		Type	250.00			
Office Sought: House Disbursem Senate	nent For: Primary	al	230.00			
President	Other (specify) ▼		Memo Item			
State: District:  Full Name (Last, First, Middle Initial)						
B. Friends of Ranjeev Puri			Date of Disbursement			
			M = M / D = D / Y = Y = Y			
Mailing Address 761 ROOSEVELT ST			04 26 2023			
,	State Zip Code MI 48188		FEC Identification Number			
Purpose of Disbursement Non-Federal Political Contribution	10100	011	С			
Candidate Name		Category/	Transaction ID: SB29.30683 Amount of Each Disbursement this Period			
Office Sought: House Disbursem	nent For:	Туре	250.00			
	Primary General	al				
President State: District:	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)						
C. Julie Rogers for State Rep			Date of Disbursement			
Mailing Address 3428 MARLANE AVE			04 26 2023			
City	State Zip Code		FEC Identification Number			
KALAMAZOO Purpose of Disbursement	MI 49006					
Non-Federal Political Contribution		011	Transaction ID : SB29.30691			
Candidate Name		Category/	Amount of Each Disbursement this Period			
Office Sought: House Disbursem	nent For:	Туре	250.00			
	Primary General	al				
State: District:	Other (specify) ▼		Memo Item			
SUBTOTAL of Disbursements This Page (optional)		·····	750.00			
TOTAL This Period (last page this line number only).						

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 27 OF (check only one)			
			28a	28b 28c <b>x</b> 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION C	OMMITTEE	(MAXIM HEALTHCARE PAC)		
Full Name (Last, First, Middle Initial)				Date of Diskursansant		
A. Kevin Hertel for State Senate				Date of Disbursement		
Mailing Address 28800 HARPER ST CLAIR SHOR	ES			04 26 2023		
ST CLAIR SHORES	State MI	Zip Code 48081		FEC Identification Number		
Purpose of Disbursement Non-Federal Political Contribution			011	C		
Candidate Name			Category/	Transaction ID: SB29.30705  Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:		Туре	250.00		
Senate	Primary	General				
State: District:	Other (spec	сіту) ▼		Memo Item		
Full Name (Last, First, Middle Initial)						
B. Mary Cavanagh				Date of Disbursement		
Mailing Address 14965 AUBREY				04 26 2023		
City REDFORD CHARTER TOWN	State MI	Zip Code 48239		FEC Identification Number		
Purpose of Disbursement Non-Federal Political Contribution			011	C		
Candidate Name			Category/ Type	Transaction ID: SB29.30701  Amount of Each Disbursement this Period		
	ment For:	Opposite		250.00		
State: Senate  President  District:	Primary Other (spec	General Cify)		Memo Item		
Full Name (Last, First, Middle Initial)	_					
C. MATT HALL FOR STATE REPRE	SENTAT	TVE		Date of Disbursement		
Mailing Address 603 MARKETPLACE BLVD				04 26 2023		
City KALAMAZOO	State MI	Zip Code 49001		FEC Identification Number		
Purpose of Disbursement Non-Federal Political Contribution			044	C		
Candidate Name			O11 Category/ Type	Transaction ID : SB29.30581 Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:		1,700	250.00		
Senate President	Primary Other (spec	General				
State: District:	Other (spec	ony) ▼		Memo Item		
SUBTOTAL of Disbursements This Page (optional).  TOTAL This Period (last page this line number only				750.00		

#### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 28 OF 28			
ITEMIZED DISBURSEMENTS		parate schedule(s h category of the	(orlook orni	<i>'</i>			
		d Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b			
Any information conied from such Departs and C	***********						
Any information copied from such Reports and S or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full)							
MAXIM HEALTHCARE SERVICES	INC POLITI	CAL ACTION	COMMITTEE	E (MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial)							
A. SARAH ANTHONY FOR STAT	E SENAT	E		Date of Disbursement			
Mailing Address PO BOX 12267				04 26 2023			
City	State	Zip Code		FEC Identification Number			
LANSING	MI	48901					
Purpose of Disbursement  Non-Federal Political Contribution			011	C			
Candidate Name			Category/	Transaction ID : SB29.30582			
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disb	ursement For:			500.00			
Senate	Primary	General					
State: District:	Other (sp	pecity) $\blacktriangledown$		Memo Item			
Full Name (Last, First, Middle Initial)							
B. Supporters of John Cherry				Date of Disbursement			
				M = M / D = D / Y = Y = Y			
Mailing Address 4116 ORME CIRCLE				04 26 2023			
City CLIO	State MI	Zip Code 48420		FEC Identification Number			
Purpose of Disbursement	IVII	40420		C			
Non-Federal Political Contribution			011	Transaction ID : SB29.30703			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disb	ursement For:		Туре	250.00			
Senate Disbi	Primary	General		230.00			
President	Other (sp			□ Mama Ham			
State: District:				Memo Item			
Full Name (Last, First, Middle Initial)							
C. Sylvia Santana for Senate				Date of Disbursement			
Mailing Address 5700 Brace Street				04 26 2023			
City	State	Zip Code		FEC Identification Number			
Detroit	MI	48228					
Purpose of Disbursement Non-Federal Political Contribution			011	Transaction ID : SB29.30580			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disb	uraamant Fari		Туре	300.00			
Senate Disbi	ursement For: Primary	General		300.00			
President		pecify) ▼		Mana Ban			
State: District:				Memo Item			
SUBTOTAL of Disbursements This Page (option	nal)			1050.00			
The state of the s				7 7 7			
TOTAL This Period (last page this line number	only)			8100.00			