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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For (Other Than An Auth	onzea Committe	-		Office Use Only
1. NAME OF TYP COMMITTEE (in full)	E OR PRINT ▼	Example: If typin over the lines.	ng, type	12FE4M	5
MAXIM HEALTHCARE SEF	RVICES INC POLIT	ICAL ACTION (COMMITTE	EE (MAXIM	HEALTHCARE PAC)
ADDRESS (number and street)	227 Lee Deforest Drive				
Check if different					
than previously reported. (ACC)	columbia			MD L	21046
2. FEC IDENTIFICATION NUMB	ER ▼ CITY	∀ ▲	5	STATE A	ZIP CODE ▲
C C00558932	3. IS		NEW (N) OR	AMI (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar :	20 (M3)	Jun 20 (M6)	Sep 2	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 2	20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day PRE-Election	Primary (12F	P)	General (12G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention ((12C)	Special (1	2 S)
Quarterly Report (Q3) January 31		M M /	D D /	Y Y Y Y Y	in the
Year-End Report (YE) July 31 Mid-Year	Election	i on			State of
Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (300	G)	Runoff (30	OR) Special (30S)
Termination Report (TER)	Election	n on	D = D /	Y	in the State of
5. Covering Period 04	01 / 2022	through	M M M 04	30	2022
I certify that I have examined this Re		my knowledge and I	belief it is tru	e, correct and	complete.
Type or Print Name of Treasurer	stes, Kirstyn, A, ,				
Signature of Treasurer Estes, Kirs	tyn, A, ,	[Electronicall	y Filed] D	ate 05	/ 19 / Y Y Y Y Y Y 2022
NOTE: Submission of false, erroneous,	or incomplete information	may subject the per-	son signing th	is Report to the	e 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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Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a	Cash on Hand January 1, 2022		84189.77
(b	Cash on Hand at Beginning of Reporting Period	91525.85	
(c		3974.20	13810.28
(d	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	95500.05	98000.05
To	tal Disbursements (from Line 31)	11450.00	13950.00
Re	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	84050.05	84050.05
th	ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations Owed BY e Committee (Itemize all on chedule C and/or Schedule D)	0.00	

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:	1000 1110 1 01100	Saistida Tour to Buto
(a) Individuals/Persons Other		
Than Political Committees	4270.00	0700.04
(i) Itemized (use Schedule A)	1379.20	2732.24
(ii) Unitemized	2595.00	11078.04
(iii) TOTAL (add	4 4	
Lines 11(a)(i) and (ii)▶	3974.20	13810.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4 5	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	2074.00	12010.20
Totals to Line 33, page 5)▶	3974.20	13810.28
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
Party Committees	0.00	5.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	000	
(Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds	0.00	4 4
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add To(a) and To(b))	0.00	0.00
19. Total Receipts (add Lines 11(d),	227122	40040.00
12, 13, 14, 15, 16, 17, and 18(c))▶	3974.20	13810.28
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	3974.20	13810.28

DETAILED SUMMARY PAGE

of Disbursements

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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)		Caronaa Tour to Suto
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4 5	7 7 7
Expenditures	0.00	0.00
(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule 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
(b) Political Party Committees	0.00	0.00
(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)	11450.00	13950.00
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11450.00	13950.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		,
from Line 31)	11450.00	
	11450.00	13950.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3974.20	13810.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3974.20	13810.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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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 2022 City Zip Code State Transaction ID: SA11AI.23942 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) Vice President - Finance 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 15 2022 City State Zip Code Transaction ID: SA11AI.23943 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 Vice President - Finance 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 22 2022 City Zip Code State Transaction ID: SA11AI.23944 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 Vice President - Finance 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)..... 7

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

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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 Carbone, Raymond, A,, Date of Receipt Mailing Address 367 Berkshire Drive 15 City Zip Code State Transaction ID: SA11AI.23973 MD Riva 21140 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) SVP - Chief Financial Officer Maxim Healthcare Services Inc Payroll Deduction 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.** Carbone, Raymond, A, , Date of Receipt Mailing Address 367 Berkshire Drive 04 2022 City State Zip Code Transaction ID: SA11AI.23974 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) Maxim Healthcare Services Inc Payroll Deduction SVP - Chief Financial Officer 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. Carbone, Raymond, A., Date of Receipt Mailing Address 367 Berkshire Drive 29 2022 City Zip Code State Transaction ID: SA11AI.23975 MD Riva 21140 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 SVP - Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 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 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 Diaz, Matthew, M,, Date of Receipt Mailing Address 4910 Regal Court City Zip Code State Transaction ID: SA11AI.24040 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) Regional Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 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 2022 City State Zip Code Transaction ID: SA11AI.24101 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 Sr. VP of Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 390.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lanier, Laura, K, , Date of Receipt Mailing Address 650 Heartwood Dr. 80 2022 City State Zip Code Transaction ID: SA11AI.24102 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 Sr. VP of Clinical Operations 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).....

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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 Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. City Zip Code State Transaction ID: SA11AI.24103 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) Sr. VP of Clinical Operations Maxim Healthcare Services Inc Payroll Deduction 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. Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 04 2022 City State Zip Code Transaction ID: SA11AI.24104 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 Sr. VP of Clinical Operations 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.** Lanier, Laura, K, , Date of Receipt Mailing Address 650 Heartwood Dr. 29 2022 City Zip Code State Transaction ID: SA11AI.24105 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 Sr. VP of Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 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 Middleton, Deeley, C,, Date of Receipt Mailing Address 213 St Dunstans Road City Zip Code State Transaction ID: SA11AI.24146 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) CCO & Sr. VP of Quality, Safety Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 374.92 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 80 2022 City State Zip Code Transaction ID: SA11AI.24147 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 Payroll Deduction CCO & Sr. VP of Quality, Safety Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 403.76 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 15 2022 City Zip Code State Transaction ID: SA11AI.24148 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 CCO & Sr. VP of Quality, Safety Receipt For: Aggregate Year-to-Date ▼ Primary General 432.60 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 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 Phipps, Laurie, M,, Date of Receipt Mailing Address 1110 Cloverfield City Zip Code State Transaction ID: SA11AI.24178 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 225.00 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 2022 City State Zip Code Transaction ID: SA11AI.24179 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) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Phipps, Laurie, M., Date of Receipt Mailing Address 1110 Cloverfield 29 2022 City Zip Code State Transaction ID: SA11AI.24180 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 255.00 Other (specify) 45.00 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 Plaine, Marsha, C, , Date of Receipt Mailing Address 3503 Nelson Meadow Ln City Zip Code State Transaction ID: SA11AI.24181 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 260.00 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 2022 City State Zip Code Transaction ID: SA11AI.24182 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 15 2022 City Zip Code State Transaction ID: SA11AI.24183 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) 60.00 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 Plaine, Marsha, C, , Date of Receipt Mailing Address 3503 Nelson Meadow Ln City Zip Code State Transaction ID: SA11AI.24184 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 2022 City State Zip Code Transaction ID: SA11AI.24185 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 01 2022 City State Zip Code Transaction ID: SA11AI.24186 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 364.00 Other (specify) 68.00 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 Raney, Michael, , , Date of Receipt Mailing Address 8105 Grand Harbour CT City Zip Code State Transaction ID: SA11AI.24187 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 392.00 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 15 2022 City State Zip Code Transaction ID: SA11AI.24188 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) ▼ 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Raney, Michael, , , Date of Receipt Mailing Address 8105 Grand Harbour CT 22 2022 City State Zip Code Transaction ID: SA11AI.24189 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 448.00 Other (specify) 84.00 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 Raney, Michael, , , Date of Receipt Mailing Address 8105 Grand Harbour CT City Zip Code State Transaction ID: SA11AI.24190 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) Regional Vice President Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 476.00 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 2022 City State Zip Code Transaction ID: SA11AI.24202 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) ▼ 325.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Riddle, Laura, J, Date of Receipt Mailing Address 39 Blake Rd. 80 2022 City Zip Code State Transaction ID: SA11AI.24203 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 350.00 Other (specify) 78.00 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. 15 City Zip Code State Transaction ID: SA11AI.24204 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 375.00 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 2022 City State Zip Code Transaction ID: SA11AI.24205 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) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Riddle, Laura, J, Date of Receipt Mailing Address 39 Blake Rd. 29 2022 City Zip Code State Transaction ID: SA11AI.24206 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 425.00 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 Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct City Zip Code State Transaction ID: SA11AI.24252 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) Vice President - Finance Maxim Healthcare Services Inc Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 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 2022 City State Zip Code Transaction ID: SA11AI.24253 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 15 2022 City State Zip Code Transaction ID: SA11AI.24254 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) 90.00 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 2022 City Zip Code State Transaction ID: SA11AI.24255 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 2022 City State Zip Code Transaction ID: SA11AI.24256 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)..... 1379.20 TOTAL This Period (last page this line number only).....

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S	CHEDULE B (FEC Form 3X)			FC	OR LINE	NUMBER:		PAGE 24 OF 33		
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	NAME OF COMMITTEE (In Full)									
$ \rangle$	MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION C	COM	/ITTEE	E (MAXIM	HEAL	THCARE PAC)		
\angle	Full Name (Last, First, Middle Initial)									
A.	AL CUTRONA FOR OHIO					Date of Disbursement				
						M M / D D / Y Y Y Y				
	Mailing Address 3755 MERCEDES PLACE UNIT 9					04 22 2022				
		State	Zip Code			EEC Identification Number				
	CANFIELD	OH 44406			FEC Identification Number					
	Purpose of Disbursement Non-Federal Political Contribution			0	11	C				
	Candidate Name				gory/			ID: SB29.24349 Disbursement this Period		
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		ment For:				L	7	500.00		
	Senate President	Primary Other (spec	General General			п				
	State: District:	2or (opor	」/ ▼			Mem	o Item			
	Full Name (Last, First, Middle Initial)									
В.	Andrew Fink for State Representati	tive				Date of I	Disburse	ement		
	Mailing Address 5680 E BACON					04		2022		
						J-7		LULL		
	,	State Zip Code MI 49266			FEC Ide	ntificatio	n Number			
	OSSEO Purpose of Disbursement	MI 49266				С				
	Non-Federal Political Contribution		011 Category/			Transaction ID : SB29.24373				
	Candidate Name					1		Disbursement this Period		
	Office Sought: House Disburse	ment For:		Ту	/pe			300.00		
	Senate Disburse	Primary	General				7	555.55		
	President	Other (spec	cify)			Mem	o Item			
_	State: District:					L				
C	Full Name (Last, First, Middle Initial) Angela Witwer for State Represent	tativa				Date of I	Disburse	ement		
٠.		ialive				M M	/ D			
	Mailing Address PO Box 80221					04		9 2022		
	City	State	Zip Code							
	Lansing	MI	48908			FEC Ider	ntificatio	n Number		
	Purpose of Disbursement Non-Federal Political Contribution				11	C				
	Candidate Name				11			ID: SB29.24374		
					egory/ vpe	Amount	or ⊨ach	Disbursement this Period		
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$ \rangle$	MAXIM HEALTHCARE SERVICES INC	POLITIC	CAL ACTION (COMMIT	TEE (MAXIM HEALTHCARE PAC)			
\angle	Full Name (Last, First, Middle Initial)							
Α.	Aric Nesbitt for State Senate				Date of Disbursement			
					M M / D D / Y Y Y Y			
	Mailing Address PO Box 400				04 29 2022			
	City	State	Zip Code					
	Lawton	MI	49065		FEC Identification Number			
	Purpose of Disbursement Non-Federal Political Contribution				C			
				011	Transaction ID : SB29.24377			
	Candidate Name			Category Type	y/ Amount of Each Disbursement this Period)d		
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	Senate	Primary	General		7 7			
	President	Other (spe	ecify) 🔻		Memo Item			
_	State: District:							
В.	Full Name (Last, First, Middle Initial) Callender for Ohio				Date of Disbursement			
	Callerider for Office				M M / D D / Y Y Y Y			
	Mailing Address 4679 WINTERSET DRIVE				04 22 2022			
	City	State	Zip Code		FFO Identification Number			
	COLUMBUS	OH 43220			FEC Identification Number			
	Purpose of Disbursement Non-Federal Political Contribution	011						
	Candidate Name				Transaction ID : SB29.24347			
				Category Type	y/ Amount of Each Disbursement this Period	a		
	Office Sought: House Disburse	ment For:			500.00			
	Senate	Primary	General					
	President State: District:	Other (spe	ecity)		Memo Item			
_	Full Name (Last, First, Middle Initial)							
C.	•				Date of Disbursement			
	Mailing Address 0070 701 01117 77				M M / D D / Y Y Y Y			
	Mailing Address 3378 DOLOMAR DRIVE				04 22 2022			
	City	State	Zip Code		FEC Identification Number			
	CINCINNATI Purpose of Disburgement	ОН	45239					
	Purpose of Disbursement Non-Federal Political Contribution			011	C			
	Candidate Name			Category	Transaction ID : SB29.24358 Amount of Each Disbursement this Perio	od		
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		ment For:			500.00			
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or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)				
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/	POLITICA	AL ACTION C	OMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) A. Committee to Elect Joseph Tate				Date of Disbursement
Mailing Address 192 Lenox St.				04 29 2022
Detroit	tate MI	Zip Code 48215		FEC Identification Number
Purpose of Disbursement Non-Federal Political Contribution Candidate Name	011			Transaction ID : SB29.24369
Office Sought: House Disbursement	ent For:		Category/ Type	Amount of Each Disbursement this Period 500.00
President	Primary Other (speci	General ify) ▼		Memo Item
State: District: Full Name (Last, First, Middle Initial)				
3- Committee to Elect Mary Whiteford				Date of Disbursement
Mailing Address 7258 Beverly Dr.				04 29 2022
,	tate MI	Zip Code 49090		FEC Identification Number
Purpose of Disbursement Non-Federal Political Contribution	nent For: Primary General Other (specify)			C Transaction ID : SB29.24372
Candidate Name				Amount of Each Disbursement this Period
				500.00 Memo Item
State: District:				World Roll
Full Name (Last, First, Middle Initial) Committee to Elect Rick Outman for	r State S	Senate		Date of Disbursement
Mailing Address 6481 N. Miles Road				04 29 2022
Six Lakes	tate MI	Zip Code 48886		FEC Identification Number
Purpose of Disbursement Non-Federal Political Contribution Candidate Name			011 Category/ Type	Transaction ID : SB29.24378 Amount of Each Disbursement this Period
	Primary	General		500.00
State: District: C	Other (speci	пу) ▼		Memo Item

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SCHEDULE B (FEC Form 3X)			FOR LINE	NE NUMBER: PAGE 27 OF 33					
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only						
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b					
Any information copied from such Reports and State	emente may	not be sold or use		, , , , , , , , , , , , , , , , , , ,					
or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
AXIM HEALTHCARE SERVICES IN	C POLITION	CAL ACTION C	COMMITTEE	(MAXIM HEALTHCARE PAC)					
Full Name (Last, First, Middle Initial)									
A. COMMITTEE TO ELECT SARAH	LIGHTN	NER		Date of Disbursement					
				M M / D D / Y Y Y Y					
Mailing Address 9915 N. PARMA ROAD				04 29 2022					
City	State	Zip Code		FEC Identification Number					
SPRINGPORT	MI	49284							
Purpose of Disbursement Non-Federal Political Contribution			011	C					
Candidate Name				Transaction ID : SB29.24384 Amount of Each Disbursement this Period					
			Category/ Type						
	ement For:			300.00					
Senate President	Other (spe	General							
State: District:	_ Cirici (spi	July , ▼		Memo Item					
Full Name (Last, First, Middle Initial)									
B. CTE Dan Lauwers for Senate				Date of Disbursement					
Mailing Address 40404 C				M M / D D / Y Y Y Y					
Mailing Address 12401 Speaker Rd				04 29 2022					
City	State	Zip Code		FEC Identification Number					
Brockway Purpose of Disbursement	MI	48097							
Non-Federal Political Contribution			011	Transaction ID : SP30 24290					
Candidate Name			Category/	Transaction ID : SB29.24380 Amount of Each Disbursement this Period					
Office Sought: House Bishurs	omont For:		Туре	250.00					
Office Sought: House Disburs Senate	ement For: Primary	General		250.00					
President	Other (spe			Memo Item					
State: District:				Wello Relli					
Full Name (Last, First, Middle Initial)				Date of Disbursement					
C. CTE Winnie Brinks for Senate				Date of Dispursement					
Mailing Address 2060 Osceola Drive SE				04 29 2022					
City	Stata	Zin Code							
City Grand Rapids	State MI	Zip Code 49506		FEC Identification Number					
Purpose of Disbursement Non-Federal Political Contribution	1			C					
Candidate Name			011	Transaction ID : SB29.24364					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburs	ement For:		.76~	500.00					
Senate	Primary	General							
President Pictriot:	Other (spe	ecify) 🔻		Memo Item					
State: District:									
SUBTOTAL of Disbursements This Page (optional)				1050.00					
TOTAL This Period (last page this line number only	v)								

S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 28 OF	33			
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check only					
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b				
	┵.							
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
MAXIM HEALTHCARE SERVICES INC) POLITIO	CAL ACTION C	COMMITTEE	E (MAXIM HEALTHCARE PAC)				
Full Name (Last, First, Middle Initial)				Date of Disbursement				
A. Curt Vanderwall for State Senate Mailing Address 4906 Rasmussen Rd.				Date of Disbursement 04 29 2022				
Mailing Address 4900 Rashidssen Rd.				04 23 2022				
City	State	Zip Code		FEC Identification Number				
Ludington Purpose of Disbursement	MI	49431						
Non-Federal Political Contribution			011	C				
Candidate Name			Category/	Transaction ID : SB29.24370 Amount of Each Disbursement this Period	iod			
			Type	Amount of Each Disbursement this Felic	ou			
Office Sought: House Disburse	ement For:	L		500.00				
Senate	Primary	General		, , , , , , , , , , , , , , , , , , , ,				
President	Other (spe	ecify) 🔻		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial) B. Felicia Brabec for State Represer	otativo.			Date of Disbursement				
Telicia Brabec for State Represer	itative			M M / D D / Y Y Y Y				
Mailing Address 2075 W. Stadium Blvd #3224				04 29 2022				
City	State	Zip Code		FEC Identification Number				
Ann Arbor Purpose of Disbursement	MI	48106						
Non-Federal Political Contribution			011	C				
Candidate Name			Category/	Transaction ID: SB29.24376 Amount of Each Disbursement this Period	od			
			Туре	0.000	\neg			
	ement For:	0		250.00				
Senate President	Primary Other (spe	General						
State: District:	Other (spe	echy)		Memo Item				
Full Name (Last, First, Middle Initial)								
C. Friends of Greg VanWoerkom				Date of Disbursement				
Mailing Address 6490 Boulder Drive				04 29 2022				
City	State	Zip Code		FEC Identification Number				
Norton Shores	MI	49444						
Purpose of Disbursement Non-Federal Political Contribution			011	Transaction ID : SB29,24371				
Candidate Name			Category/	Amount of Each Disbursement this Period	od			
Office Sought: House Disburse	ement For:		Туре	250.00	\neg			
Senate Disbuist	Primary	General		255.00	_			
President	Other (spe			Memo Item				
State: District:				INIGINO ILEM				
OUDTOTAL of Dishares of Till Day of the				1000.00	一			
SUBTOTAL of Disbursements This Page (optional)			·····•	1000.00	ᆜ			
TOTAL This Period (last page this line number only	v)							

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for each		arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 29 OF 3: (check only one)		
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may r	not be sold or use			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICE	S INC POLITIC	AL ACTION C	OMMITTEE	(MAXIM HEALTHCARE PAC)	
Full Name (Last, First, Middle Initial) Friends of Mark Huizenga Mailing Address 3841 Butterworth St SW	Date of Disbursement O4 29 2022				
		T 		04 23 2022	
City Walker	State MI	Zip Code 49534		FEC Identification Number	
Purpose of Disbursement Non-Federal Political Contribution Candidate Name			011 Category/	Transaction ID : SB29.24368 Amount of Each Disbursement this Period	
Senate President	Disbursement For: Primary Other (spec	General cify) ▼	Type	250.00 Memo Item	
State: District: Full Name (Last, First, Middle Initial) B. FRIENDS OF SCOTT LIPPS Mailing Address 3757 MCLEAN ROAD				Date of Disbursement O4 22 2022	
City State Zip Code FRANKLIN OH 45005 Purpose of Disbursement Non-Federal Political Contribution Candidate Name State Zip Code 45005 011 Category/				FEC Identification Number C Transaction ID : SB29.24352 Amount of Each Disbursement this Period	
Office Sought: House Senate President State: District:	Disbursement For: Primary Other (spec	General Cify)	Type	500.00 Memo Item	
Full Name (Last, First, Middle Initial) C. Friends of Timothy H Beson				Date of Disbursement	
Mailing Address 121 W Grove St. PO Box 8	38			04 29 2022	
City Kawkawlin Purpose of Disbursement	State MI	Zip Code 48631		FEC Identification Number	
Non-Federal Political Contribution Candidate Name Category/ Type				Transaction ID: SB29.24375 Amount of Each Disbursement this Period	
Office Sought: House D Senate President	Disbursement For: Primary Other (spec	General cify) ▼	* * * * * * * * * * * * * * * * * * * *	250.00 Memo Item	

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE 30 OF 33 (check only one)		
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	C POLITIC	AL ACTION C	OMMITTEE	(MAXIM HEALTHCARE PAC)		
Full Name (Last, First, Middle Initial) A. FRIENDS OF TOM PATTON	Date of Disbursement					
Mailing Address 17157 RABBIT RUN DRIVE				04 22 2022		
City STRONGSVILLE	State OH	Zip Code 44136		FEC Identification Number		
Purpose of Disbursement Non-Federal Political Contribution 011			011	Transaction ID : SB29.24356 Amount of Each Disbursement this Period		
Candidate Name	Category/ Type					
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼			500.00 Memo Item		
State: District:				World Roll		
Full Name (Last, First, Middle Initial) B. Jim Stamas for State Senate				Date of Disbursement		
Mailing Address 5915 Eastman Avenue Suite 100				04 29 2022		
City Midland	Midland MI 48640					
Purpose of Disbursement Non-Federal Political Contribution	011	C Transaction ID : SB29.24365				
Candidate Name	Amount of Each Disbursement this Period					
Senate President	ement For: Primary General Other (specify)			500.00 Memo Item		
State: District: Full Name (Last, First, Middle Initial) C- KEVIN DALEY FOR STATE SEN.	Date of Disbursement					
Mailing Address 3387 DALEY RD				04 29 / 2022		
City LUM	State MI	Zip Code 48412		FEC Identification Number		
Purpose of Disbursement Non-Federal Political Contribution Candidate Name Category/ Type				Transaction ID: SB29.24388 Amount of Each Disbursement this Period		
Senate	ement For:	General	,,	250.00		
President	Other (spe	CITY) 🔻		Memo Item		

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 31 OF 33		
ITEMIZED DISBURSEMENTS		ate schedule(s) ategory of the	(check only	· — · — —	
		ummary Page	21b 28a	22 23 28c x	26 27 29 30b
Any information conind from such Departs and Otster					
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	POLITICA	L ACTION C	OMMITTEE	(MAXIM HEALTH	ICARE PAC)
V					
Full Name (Last, First, Middle Initial)	_			Date of Disburseme	int
A. KIM LASATA FOR STATE SENAT	M M / D D	/ Y Y Y Y			
Mailing Address 2720 US 31N				04 29	2022
City NILES	State MI	Zip Code 49120		FEC Identification N	lumber
Purpose of Disbursement	IVII	73120		С	
Non-Federal Political Contribution			011		. SP20 24296
Candidate Name			Category/	Transaction ID Amount of Each Dis	: SB29.24386 sbursement this Period
			Type		
	ment For:			250.00	
Senate Primary General President Other (specify) ▼					
State: District:	(Spool	<i>J</i> / ▼		Memo Item	
Full Name (Last, First, Middle Initial)					
B. MATT HALL FOR STATE REPRES	SENTATI	IVE		Date of Disburseme	ent
W. W. A. I.I.	M = M / D = D	/			
Mailing Address 603 MARKETPLACE BLVD				04 29	2022
City	State	Zip Code		EEC Identification N	lumbor
KALAMAZOO	MI	49001		FEC Identification Number	
Purpose of Disbursement Non-Federal Political Contribution	C				
Candidate Name	Transaction ID				
	Amount of Each Dis	sbursement this Period			
Office Sought: House Senate President President Office Sought: Disbursement For: Primary Other (specify) State: District:				300.00	
					,
			Memo Item		
Full Name (Last, First, Middle Initial)					
C. Mike MacDonald for Senate				Date of Disburseme	ent
WING MACDONAID TO SCHALE			M M / D D	/ Y Y Y Y Y	
Mailing Address 106 W. Allegan Suite 200				04 29	2022
City	State	Zip Code			
Lansing	MI	48933		FEC Identification N	umber
Purpose of Disbursement	С				
Non-Federal Political Contribution			011	Transaction ID	: SB29.24381
Candidate Name			Category/	Amount of Each Dis	sbursement this Period
Office Sought: House Disbursen	nent For:		Туре		250.00
	Primary	General			4 1 4 1
President	Other (specif	fy) ▼		Memo Item	
State: District:				L memo itom	
					900.00
SUBTOTAL of Disbursements This Page (optional)			·····•	7	800.00
TOTAL This Period (last page this line number only)					

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SCHEDULE B (FEC Form 3X)					FOR LINE NUMBER: PAGE 32 OF 33		
				(check only 21b 28a			
					on for the purpose of soliciting contributions		
	nmercial purposes, other than using the na	me and addr	ess of any politic	al committee to	o solicit contributions from such committee.		
I \	OF COMMITTEE (In Full) IM HEALTHCARE SERVICES INC	POLITIC	AL ACTION C	COMMITTEE	(MAXIM HEALTHCARE PAC)		
_	ame (Last, First, Middle Initial)				Date of Disbursement		
A. OEL	SLAGER FOR OHIO	M M / D D / Y Y Y Y					
Mailing	Address 6706 LAKE CABLE AVENUE NW				04 22 2022		
City	H CANTON	State OH	Zip Code 44720		FEC Identification Number		
Purpos	se of Disbursement		44720		C		
Non-F	Federal Political Contribution			011	Transaction ID : SB29.24354		
Candid	ate Name			Category/ Type	Amount of Each Disbursement this Period		
Office	Sought: House Disburse	ment For:			500.00		
	Senate	Primary	General				
State:	President District:	Other (spec	cify) 🔻		Memo Item		
	ame (Last, First, Middle Initial)						
B. RON	MANCHUK FOR OHIO				Date of Disbursement		
Mailing	Address 4679 WINTERSET DRIVE		04				
	THE				01 22 2022		
City COLUI	MDIIC	State OH	Zip Code 43220		FEC Identification Number		
Purpos	e of Disbursement		C				
Non-Federal Political Contribution 011					Transaction ID : SB29.24362		
Candio	ate Name	Amount of Each Disbursement this Period					
Office	Office Sought: House Disbursement For: Senate Primary General President Other (specify)			Туре	500.00		
State:	District:	Other (spec	шу)		Memo Item		
Full Na	ame (Last, First, Middle Initial)						
C. STEVE HUFFMAN FOR OHIO				Date of Disbursement			
Mailing Address 331 SOUTH MARKET ST				04 22 2022			
City		State	Zip Code		FEC Identification Number		
TROY Purpos	se of Disbursement	ОН	45373				
	Federal Political Contribution	C Transaction ID : SB29.24360					
Candid	ate Name			Category/	Amount of Each Disbursement this Period		
Office	Sought: House Disburse	ment For:		Туре	500.00		
	Senate	Primary	General		7 7 7		
State:	President	Other (spec	cify) 🔻		Memo Item		
State:	District:						
SUBTOT	TAL of Disbursements This Page (optional).			·····•	1500.00		
TOTAL	This Pariod (last page this line number only	·)					
IOIAL	Γhis Period (last page this line number only	J					

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SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 33 OF 33		
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)		
	Detailed Summary Page	21b	22 23 26 27		
Г	<u> </u>	28a	28b 28c x 29 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)					
MAXIM HEALTHCARE SERVICES INC	POLITICAL ACTION	COMMITTEE	(MAXIM HEALTHCARE PAC)		
			· ,		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. Sylvia Santana for Senate			M M / D D / Y Y Y Y		
Mailing Address 5700 Brace Street			04 29 2022		
City	State Zin Codo				
City Detroit	State Zip Code MI 48228		FEC Identification Number		
Purpose of Disbursement	<u> </u>		С		
Non-Federal Political Contribution		011	Transaction ID : SB29.24379		
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburser	ment For:	Type	250.00		
Senate					
President	Other (specify) ▼		Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) B. THOMAS ALBERT FOR STATE S	ENIATE		Date of Disbursement		
5. THOWAS ALBERT FOR STATE S	DEINATE		M M / D D / Y Y Y		
Mailing Address 30 FLAT RIVER DRIVE SE			04 29 2022		
	<u>.</u>				
City :	State Zip Code MI 49331		FEC Identification Number		
Purpose of Disbursement	+3331		C		
Non-Federal Political Contribution	Transaction ID : SB29.24366				
Candidate Name	Amount of Each Disbursement this Period				
Office Sought: House Disbursement For:			500.00		
Senate Disburser		7 7 7			
Senate Primary General President Other (specify)			Memo Item		
State: District:			Wiellio Itelli		
Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
C .			M M / D D / Y Y Y Y		
Mailing Address	w / U = U / Y = Y = Y				
City	State Zip Code				
Oity I	Zip Oode		FEC Identification Number		
Purpose of Disbursement	C				
Candidate Name					
Candidate Indiffe		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburser	ment For:	1,750			
Senate	Primary General				
President	Other (specify) ▼		Memo Item		
State: District:					
SUBTOTAL of Disbursements This Page (optional)			750.00		
222.3712 of Biobarcomonic This Lago (optional)			7 7 7		
TOTAL This Period (last page this line number only))		11450.00		