PAGE 1 / 22

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	-or Other Than An Autr	iorized 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	ICAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)
ADDRESS (number and street)	7227 Lee Deforest Drive		
Check if different than previously reported. (ACC)	Columbia		MD
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	Y A	STATE ▲ ZIP CODE ▲
C C00558932		STHIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) x May 20 (M5 20 (M3) Jun 20 (M6)	Sep 20 (M9) Sep 20 (M9) Sep 20 (M9) Sep 20 (M9)
(a) Quarterly Reports:	Apr	20 (M4) Jul 20 (M7)	Oct 20 (M10) Year Only) Jan 31 (YE)
April 15 Quarterly Report (C	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (C	PRF-Election	Convention (12C)	Special (12S)
October 15 Quarterly Report (C	03)	M M / D D /	Y Y Y Y in the
January 31 Year-End Report (Y	(E) Election	n on	State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on/	in the State of
5. Covering Period 04		through 04	30 / 2021
I certify that I have examined th		my knowledge and belief it is t	rue, correct and complete.
Type or Print Name of Treasure	Estes, Kirstyn, , , r		
Signature of Treasurer Estes	, Kirstyn, , ,	[Electronically Filed]	Date 05 / 18 / 2021
NOTE: Submission of false, erron	eous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 3010
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a)	Cash on Hand January 1, 2021		32806.25
(b)	Cash on Hand at Beginning of Reporting Period	61170.67	
(c)	Total Receipts (from Line 19)	5087.70	33452.12
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66258.37	66258.37
То	tal Disbursements (from Line 31)	18800.00	18800.00
Re	sh on Hand at Close of eporting Period subtract Line 7 from Line 6(d))	47458.37	47458.37
the	e Committee (Itemize all on hedule C and/or Schedule D)	0.00	
the	ebts and Obligations Owed BY Committee (Itemize all on hedule 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	I. Receipts COLUMN A Total This Period			
Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	1909.20	19858.92		
(i) Itemized (use Schedule A)	1000.20	13030.32		
(ii) Unitemized	3178.50	13593.20		
(iii) TOTAL (add	5007.70	33452.12		
Lines 11(a)(i) and (ii)▶	5087.70	33432.12		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry	5087.70	33452.12		
Totals to Line 33, page 5) Transfers From Affiliated/Other	4	4 4		
Party Committees	0.00	0.00		
. 4,	4 4 4	4 4 4		
All Loans Received	0.00	0.00		
_				
Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made				
to Federal Candidates and Other	0.00	0.00		
Political Committees Other Federal Receipts	0.00	0.00		
(Dividends, Interest, etc.)	0.00	0.00		
Transfers from Non-Federal and Levin Funds	0.00	0.00		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
	4 4	4 4		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(4)	4 4	4 4		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5087.70	33452.12		
Total Fadaral Receipts				
Total Federal Receipts				

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)		
(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 (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party	0.00	
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	7 7 7	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds 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)	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)	18800.00	18800.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share		
(i) Federal Strate	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	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))	18800.00	18800.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	18800 00	400000
	18800.00	18800.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	5087.70	33452.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5087.70	33452.12
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

F	OR	LINE	NU	MBER	:	PAGE	6	OF	22
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		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 Apperson, Kevin, D, , Date of Receipt Mailing Address 2235 Eutaw Place City Zip Code State Transaction ID: SA11AI.19946 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Information Officer Maxim Healthcare Services Inc Payroll Deduction (\$30 weekly) Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 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 2021 City State Zip Code Transaction ID: SA11AI.19958 MD Riva 21140 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction (\$30 weekly) Sr. VP Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Carter, Scott, , , Date of Receipt Mailing Address 2246 Cherokee Drive 30 2021 City Zip Code State Transaction ID: SA11AI.19960 MD Westminster 21157 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction (\$25 weekly) Maxim Healthcare Services Inc Vice President of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 425.00 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

FOF	R LINE	NUMBER	:	PAGE	7	OF	22
(che	eck only	one)					
×	11a	11b		11c	12		
	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 Cupples, Jason, R,, Date of Receipt Mailing Address 1347 Barcelona Court 2021 City Zip Code State Transaction ID: SA11AI.19970 MI Byron Center 49315 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Payroll Deduction (\$25 weekly) 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.** DePriest, Jarrod, , , Date of Receipt Mailing Address 51 Miller Place 04 2021 2807 City State Zip Code Transaction ID: SA11AI.19973 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction (\$30 weekly) Sr. VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Diaz, Matthew, M, Date of Receipt Mailing Address 4910 Regal Court 30 2021 City State Zip Code Transaction ID: SA11AI.19974 CA Rocklin 95765 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction (\$30 weekly) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 425.00 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

FOR LINE NUMBER:					PAGE	8	OF	22	
(C	he	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	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 Gehman, Robert, K, , Jr Date of Receipt Mailing Address 229 Treherne Road 2021 City Zip Code State Transaction ID: SA11AI.19985 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc SVP. - Continuous Improvement Payroll Deduction (\$20 weekly) Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hughes, Laura, L,, Date of Receipt Mailing Address 19914 Gunpowder Road 04 2021 City State Zip Code Transaction ID: SA11AI.19989 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction (\$30 weekly) VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 570.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lanier, Laura, K, , Date of Receipt Mailing Address 650 Heartwood Dr. 30 2021 City Zip Code State Transaction ID: SA11AI.19998 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction (\$30 weekly) Maxim Healthcare Services Inc Sr. VP of Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	9	OF	22
(0	che	ck only	or	ne)					
	×	11a		11b		11c	12	2	
		13		14		15	16	6	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 Middleton, Deeley, C,, Date of Receipt Mailing Address 213 St Dunstans Road 2021 City Zip Code State Transaction ID: SA11AI.20009 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing 144.20 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 (\$28.84 weekly) Receipt For: Aggregate Year-to-Date ▼ Primary General 519.12 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 2021 City State Zip Code Transaction ID: SA11AI.20020 Greensboro NC 27406 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction (\$20 weekly) Area VP of Clinical Ops. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 30 2021 City Zip Code State Transaction ID: SA11AI.20022 NC Wilmington 28411 Amount of Each Receipt this Period FEC ID number of contributing C 140.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction (\$28 weekly) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 504.00 Other (specify) 384.20 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

ı	FOF	R LINE	NUMBER	:	PAGE	•	10 OF	=	22
ı	(che	ck only	one)						
	×	11a	11b		11c		12		
ı		13	14		15		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 Riddle, Laura, J,, Date of Receipt Mailing Address 39 Blake Rd. 2021 City Zip Code State Transaction ID: SA11AI.20025 NH **Epping** 03042 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area Vice President Payroll Deduction (\$25 weekly) 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.** Sipes, Christopher, , , Date of Receipt Mailing Address 9016 Sunni Shade Ct 04 2021 City State Zip Code Transaction ID: SA11AI.20033 MD Perry Hall 21128 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Payroll Deduction (\$30 weekly) Regional VP - Reg Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 540.00 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) 275.00 SUBTOTAL of Receipts This Page (optional)..... 1909.20 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	•			
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC						
Full Name (Last, First, Middle Initial) Andrew Fink for State Representati	Full Name (Last, First, Middle Initial) Andrew Fink for State Representative					
Mailing Address 2843 E. Grand River 216			04 01 2021			
East Lansing	State Zip Code MI 48823		FEC Identification Number			
Purpose of Disbursement Non-Federal Political Contribution Candidate Name		011	Transaction ID : SB29.20072			
Office Sought: House Disbursem	nent For:	Category/ Type	Amount of Each Disbursement this Period 300.00			
President	Primary General Other (specify) ▼		Memo Item			
State: District: Full Name (Last, First, Middle Initial)						
3. Angela Witwer for State Represent	Date of Disbursement					
Mailing Address PO Box 80221	Note Zin Code		04 01 2021			
,	State Zip Code MI 48908		FEC Identification Number			
Purpose of Disbursement Non-Federal Political Contribution		011	C Transaction ID : SB29.20077			
Candidate Name	Categor Type		Amount of Each Disbursement this Period			
	nent For: Primary General Other (specify)		300.00			
State: District:			Memo Item			
Full Name (Last, First, Middle Initial) C. Ann Bollin for State Rep			Date of Disbursement			
Mailing Address PO Box 1435			04 01 2021			
Brighton	State Zip Code MI 48116		FEC Identification Number			
Purpose of Disbursement Non-Federal Political Contribution Candidate Name	011 Category/	Transaction ID : SB29.20087 Amount of Each Disbursement this Period				
	Type					
	nent For: Primary General Other (specify) ▼		250.00 Memo Item			
State: District:			Wome from			
SUBTOTAL of Disbursements This Page (optional)		······	850.00			
TOTAL This Period (last page this line number only).						

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orlook orn)	one)			
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 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) Annette Glenn for State Senate						
Mailing Address PO Box 1128			04 01 2021			
Midland	State Zip Code MI 48641		FEC Identification Number			
Purpose of Disbursement Non-Federal Political Contribution Candidate Name		011	Transaction ID : SB29.20091 Amount of Each Disbursement this Period			
Office Sought: House Disbursen	ment For: Primary General	Category/ Type	250.00			
President State: District:	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial) B. Aric Nesbitt for State Senate	Date of Disbursement					
Mailing Address PO Box 400			04 01 2021			
City Lawton Purpose of Disbursement		FEC Identification Number				
Non-Federal Political Contribution Candidate Name		O11 Category/ Type	Transaction ID : SB29.20100 Amount of Each Disbursement this Period			
	Primary General	1 .752	1000.00			
State: President District:	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial) C. Bronna Kahle for State Representa	ative		Date of Disbursement			
Mailing Address PO Box 681			04 01 2021			
City Adrian Purpose of Disbursement	State Zip Code MI 49221		FEC Identification Number			
Non-Federal Political Contribution Candidate Name	011 Category/ Type	Transaction ID : SB29.20075 Amount of Each Disbursement this Period				
Office Sought: House Disbursen Senate President State: District:	ment For: Primary General Other (specify) ▼	туро	500.00 Memo Item			
			1750.00			
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	1750.00			
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 OF 22				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		y one) 22 23 26 27			
		Summary Page	21b 28a		27 29 30b		
Any information copied from such Reports and State	mente may	not be sold or us					
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
$ \; angle$ MAXIM HEALTHCARE SERVICES IN(POLITIC	CAL ACTION C	COMMITTEE	(MAXIM HEALTHC	ARE PAC)		
Full Name (Last, First, Middle Initial)							
A. Committee to Elect Andrew Beele	r			Date of Disbursement			
				M M / D D /	Y I Y I Y I Y		
Mailing Address PO Box 611124				04 01	2021		
City	State	Zip Code		FEC Identification Num	hor		
Port Huron	MI	48061			ibei		
Purpose of Disbursement Non-Federal Political Contribution			011				
Candidate Name				Transaction ID : S			
			Category/ Type	Amount of Each Disbu	rsement this Period		
Office Sought: House Disburse	ement For:	L			250.00		
Senate	Primary	General			,		
President State: District:	Other (spe	city) 🔻		Memo Item			
Full Name (Last, First, Middle Initial)							
B. Committee to Elect Bill Roemer				Date of Disbursement			
				M M / D D / Y Y Y Y Y			
Mailing Address 3616 Southern Rd		04 16	2021				
City	State	Zip Code		FEC Identification Num	her		
Richfield	ОН	44286					
Purpose of Disbursement Non-Federal Political Contribution	011	C					
Candidate Name			Category/	Transaction ID : Si Amount of Each Disbu			
			Type				
	ement For:				500.00		
Senate President	Primary Other (spe	General cify)					
State: District:] (-p	,,		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Committee to Elect Donna Lasins	ki			Date of Disbursement			
Mailing Address PO Box 7425				04 01	2021		
City	State MI	Zip Code 48107		FEC Identification Num	ber		
Ann Arbor Purpose of Disbursement	IVII	40107		C			
Non-Federal Political Contribution			011	Transaction ID : S	B29.20061		
Candidate Name		Category/	Amount of Each Disbu	rsement this Period			
Office Sought: House Disburse		Туре		1000.00			
Senate	General						
President	Other (spe	cify) 🔻		Memo Item			
State: District:							
SUPTOTAL of Dichuranmenta This Base (artists)					1750.00		
SUBTOTAL of Disbursements This Page (optional)			·····	7			
TOTAL This Period (last page this line number only	/)						

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 OF				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only				
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b			
Anni information popular from such Departs and Otata							
Any information copied from such Reports and States or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)							
MAXIM HEALTHCARE SERVICES INC	POLITIC	CAL ACTION C	OMMITTEE	(MAXIM HEALTH	ICARE PAC)		
Full Name (Last, First, Middle Initial)							
A. Committee to Elect Jason Wentwo	orth			Date of Disburseme	/ Y Y Y Y Y		
Mailing Address 6070 Grant Road				04 01	_2021		
City Farwell	State MI	Zip Code 48622		FEC Identification N	umber		
Purpose of Disbursement		40022		С			
Non-Federal Political Contribution			011	Transaction ID	· SB29 20059		
Candidate Name			Category/		bursement this Period		
Office Sought: House Disburse	ment For:		Туре		1500.00		
Senate	Primary	General		7	7 7		
President State: District:	Other (spec	cify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)							
B. Committee to Elect Joseph Tate				Date of Disbursement			
Mailing Address 192 Lenox St.		04 01 2021					
City Detroit	State MI	Zip Code 48215		FEC Identification N	umber		
Purpose of Disbursement		C					
Non-Federal Political Contribution	011	Transaction ID :	: SB29.20067				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburser	ment For:		туре		300.00		
Senate	Primary Other (spec	General		7 7			
State: District:		Memo Item					
Full Name (Last, First, Middle Initial)							
C. Committee to Elect Mark Tisdel				Date of Disburseme	nt		
Mailing Address PO Box 80146		04 01 2021					
City	State	Zip Code		FEC Identification N	umber		
Rochester Purpose of Disbursement	MI	48308					
Non-Federal Political Contribution		011	C Transaction ID	: SB29.20093			
Candidate Name		Category/ Type	Amount of Each Dis	bursement this Period			
Office Sought: House Disburse	ment For:		71.5		250.00		
Senate	Primary	General			,		
State: District:	Other (spec	CIIY) ▼		Memo Item			
SUBTOTAL of Disbursements This Page (optional)			·····•		2050.00		
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 OF 22			
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	<i>,</i> _ <i>,</i>		
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b		
Any information conied from such Deposits and Chatem						
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION C	OMMITTEE	E (MAXIM HEALTHCARE PAC)		
Full Name (Last, First, Middle Initial)						
A. Committee to Elect Mary Whiteford				Date of Disbursement		
				M M / D D / Y Y Y Y		
Mailing Address 7258 Beverly Dr.				04 01 2021		
City	State	Zip Code		FEC Identification Number		
South Haven	MI	49090				
Purpose of Disbursement Non-Federal Political Contribution			011			
Candidate Name			011	Transaction ID : SB29.20070		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburserr	nent For:		.,,,,	1000.00		
Senate	Primary	General		4 4 4		
President State: District:	Other (spec	ify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)				_		
B. Committee to Elect Rick Outman for	or State	Senate		Date of Disbursement		
	or Otato	Ochaic		M M / D D / Y Y Y Y		
Mailing Address 6481 N. Miles Road		04 01 2021				
City	State Zip Code			FEC Identification Number		
Six Lakes	MI	48886				
Purpose of Disbursement Non-Federal Political Contribution	011	C				
Candidate Name				Transaction ID : SB29.20102		
			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburser	nent For:	I		500.00		
	Primary	General				
President State: District:	Other (spec	ify)		Memo Item		
Full Name (Last, First, Middle Initial)						
C. Committee to Elect Sue Allor				Date of Disbursement		
Matthew Address BO D. D. C.				M M / D D / Y Y Y Y		
Mailing Address PO Box 248				04 01 2021		
City	State	Zip Code		FEC Identification Number		
Wolverine Purpose of Disbursement	MI	49799				
Non-Federal Political Contribution			011	C		
Candidate Name			Category/	Transaction ID : SB29.20085 Amount of Each Disbursement this Period		
			Type			
Office Sought: House Disbursem				300.00		
	Primary Other (spec	General				
State: District:	onioi (spec	'''y/ ▼		Memo Item		
SUBTOTAL of Disbursements This Page (optional)				1800.00		

S П

SCHEDULE B (FEC Form 3X)			1			FOR LINE NUMBER: PAGE 16 OF 22				
ΙT	EMIZED DISBURSEMENTS		rate schedule(s)		one)					
-			category of the Summary Page		21b	22 23 26 27				
					28a	28b 28c x 29 30b				
	ny information copied from such Reports and Stater for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full)									
	MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION (COMMI	ITEE	(MAXIM HEALTHCARE PAC)				
_	Full Name (Last, First, Middle Initial)					B (B)				
A.	Committee to Elect Thomas A Albe	ert				Date of Disbursement				
	Mailing Address 30 Flat River Drive SE		I=: 0 :			04 01 2021				
	City Supplies the City Supplies Supplie	State MI	Zip Code 49331			FEC Identification Number				
	Purpose of Disbursement		43331			C				
	Non-Federal Political Contribution			011		Transaction ID : SB29,20064				
	Candidate Name			Catego		Amount of Each Disbursement this Period				
	Office Sought: House Disburser	ment For:				1000.00				
	Senate	Primary	General							
	State: President State:	Other (spec	city) 🔻			Memo Item				
_	Full Name (Last, First, Middle Initial)									
В.	•	for State	Senate			Date of Disbursement				
	Bianing	Tor Otato	Conato			M = M / D = D / Y = Y = Y				
	Mailing Address 4335 56th St. SW	State Zip Code				04 01 2021				
						FEC Identification Number				
	Wyoming Purpose of Disbursement	MI	MI 49418			С				
	Non-Federal Political Contribution			011						
	Candidate Name			Catego	orv/	Transaction ID: SB29.20066 Amount of Each Disbursement this Period				
				Туре						
	Office Sought: House Disburser					500.00				
	Senate President	Primary Other (spec	General							
	State: District:		Memo Item							
_	Full Name (Last, First, Middle Initial)									
C.	CTE Dan Lauwers for Senate					Date of Disbursement				
	Mailing Address 12401 Speaker Rd					04 01 2021				
	,	State	Zip Code			FEC Identification Number				
	Brockway Purpose of Disbursement	MI	48097							
	Non-Federal Political Contribution			011		C				
	Candidate Name			Catego		Transaction ID: SB29.20110 Amount of Each Disbursement this Period				
				Type		A THOUSE OF EACH PRODUCTION WITH THE PRODUCTION				
	Office Sought: House Disburser					500.00				
	Senate Primary General					=				
	State: District:	Other (spec	ary) ▼			Memo Item				
Г	2.0									
8	SUBTOTAL of Disbursements This Page (optional)				▶	2000.00				
Ι,	OTAL This Pariod (last page this line number calls)									
1 1	'OTAL This Period (last page this line number only)				•					

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 OF 2				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		y one)			
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b			
	1						
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	POLITIC	CAL ACTION C	COMMITTEE	(MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial)				T			
A. CTE Winnie Brinks for Senate				Date of Disbursement			
				M M / D D / Y Y Y Y			
Mailing Address 2060 Osceola Drive SE				04 01 2021			
City	State	Zip Code		FEC Identification Number			
Grand Rapids	MI	49506					
Purpose of Disbursement Non-Federal Political Contribution			011				
Candidate Name			011	Transaction ID : SB29.20060			
Candidato Namo			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:		.,,,,	500.00			
Senate	Primary	General					
President	Other (spe	ecify) 🔻		Memo Item			
State: District: Full Name (Last, First, Middle Initial)							
B. Curtis Hertel Jr for Senate				Date of Disbursement			
- Outils Herter of for Geriate				M M / D D / Y Y Y Y			
Mailing Address PO Box 16037		04 01 2021					
City	Stata	Zin Codo					
City Lansing	State MI	Zip Code 48901		FEC Identification Number			
Purpose of Disbursement				C			
Non-Federal Political Contribution	011	Transaction ID : SB29.20058					
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:		Туре	250.00			
Senate	Primary	General		4 4			
President							
State: District:				Memo Item			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
c. Curt Vanderwall for State Senate				M M / D D / Y Y Y Y			
Mailing Address 4906 Rasmussen Rd.				04 01 2021			
Cit.	Otat-	7:- 01:					
City Ludinaton	State MI	Zip Code 49431		FEC Identification Number			
Purpose of Disbursement		1		C			
Non-Federal Political Contribution			011	Transaction ID : SB29.20068			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:		Туре	500.00			
Senate	Primary	General		4 4			
President	Other (spe	ecify) 🔻		Memo Item			
State: District:				La Monte Rem			
				1250.00			
SUBTOTAL of Disbursements This Page (optional).			·····•	1250.00			
TOTAL This Period (last page this line number only	/)						

ľ

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 OF 22				
ITEMIZED DISBURSEMENTS		se separate schedule(some category of the	(check only	one)			
		etailed Summary Page		22 23 26 27 28b 28c y 29 30b			
Any information copied from such Reports an or for commercial purposes, other than using							
NAME OF COMMITTEE (In Full)							
MAXIM HEALTHCARE SERVICE	S INC PO	LITICAL ACTION	COMMITTEE	(MAXIM HEALTHCARE PAC)			
<u> </u>				·			
Full Name (Last, First, Middle Initial) A. DeWine Husted for Ohio				Date of Disbursement			
Devvine husted for Unio			M M / D D / Y Y Y Y				
Mailing Address 2587 Conley Rd				04 30 2021			
-	Ι.	T					
City Cedarville	State OH	Zip Code 45314		FEC Identification Number			
Purpose of Disbursement	011	40014		C			
Non-Federal Political Contribution			011	Transaction ID : SB29.20121			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Cought:	Nabura c == = = *	For	Type	1000.00			
Office Sought: House Senate	Disbursement Prim			1000.00			
President		er (specify) \blacktriangledown		Memo Item			
State: District:				INIGINO ILGIN			
Full Name (Last, First, Middle Initial)							
B. Felicia Brabec for State Repr	esentativ	'e		Date of Disbursement			
Mailing Address 2075 W. Stadium Blvd #3:	224			04 01 2021			
2075 W. Staulum Blvd #5.	Maining Address ZU/S W. Stadium BIVD #3ZZ4						
City	State	Zip Code		FEC Identification Number			
Ann Arbor Purpose of Disbursement							
Non-Federal Political Contribution		011	C				
Candidate Name			Category/	Transaction ID: SB29.20089 Amount of Each Disbursement this Period			
			Type				
)isbursement			250.00			
Senate President	Prim: Othe	ary General er (specify)		П			
State: District:	Out	(000011)		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Friends of Abdullah Hammou	ıd			Date of Disbursement			
Moiling Address DO Day 2712				M M / D D / Y Y Y Y			
Mailing Address PO Box 2719				04 01 2021			
City	State	Zip Code		FEC Identification Number			
Dearborn	MI	48123					
Non-Federal Political Contribution	Purpose of Disbursement Non-Federal Political Contribution			C			
Candidate Name			011 Category/	Transaction ID: SB29.20079 Amount of Each Disbursement this Period			
	Catego Type						
	Disbursement			300.00			
Senate President	Senate Primary G						
State: District:	Uotne	er (specify) 🔻		Memo Item			
2.5551.							
SUBTOTAL of Disbursements This Page (op	otional)			1550.00			
TOTAL This Period (last page this line numb	per only)						

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 19 OF				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		y one)			
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b			
Any information conical from such Deposits and Chat							
Any information copied from such Reports and Stat or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
MAXIM HEALTHCARE SERVICES IN	C POLITION	CAL ACTION (COMMITTEE	E (MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial)							
A. Friends of Greg VanWoerkom				Date of Disbursement O4 O1 2021			
Mailing Address 6490 Boulder Drive				04 01 2021			
City	State	Zip Code		FEC Identification Number			
Norton Shores Purpose of Disbursement	MI	49444					
Non-Federal Political Contribution			011	C			
Candidate Name			Category/	Transaction ID : SB29.20069 Amount of Each Disbursement this Period			
			Type	Attribute of Each Biobardonicite this Ferica			
Office Sought: House Disburs	ement For:			250.00			
Senate	Primary	General					
State: President State:	Other (sp	ecity) \blacktriangledown		Memo Item			
Full Name (Last, First, Middle Initial)							
B. Friends of Jim Ananich Senate				Date of Disbursement			
- Hondo of our / that non condice				M M / D D / Y Y Y Y			
Mailing Address PO Box 16195		04 01 2021					
City	State	Zip Code		FEC Identification Number			
Lansing Purpose of Disbursement	MI	48901					
Non-Federal Political Contribution	011	C					
Candidate Name	Category/	Transaction ID : SB29.20063 Amount of Each Disbursement this Period					
			Type				
	ement For:	0		500.00			
Senate President	Primary Other (sp	General ecify)					
State: District:	_ Cirio: (op	30.iy)		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Friends of Mark Huizenga				Date of Disbursement			
Mailing Address 3841 Butterworth St SW				04 01 2021			
City	State	Zip Code		FEC Identification Number			
Walker	MI	49534					
Purpose of Disbursement Non-Federal Political Contribution			011	Transaction ID : SB29,20114			
Candidate Name	Category/						
Office Sought: House Disburs	ement For:		Туре	300.00			
Senate	Primary	General		4 4			
President	Other (sp	ecify) 🔻		Memo Item			
State: District:	_			L mone non			
SUBTOTAL of Disbursements This Page (optional)			······•	1050.00			
TOTAL This Period (last page this line number on	v)						

S П

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 20 OF 22				
ΙΤ	EMIZED DISBURSEMENTS		arate schedule(s)	(check only one)				
			category of the Summary Page		1b 22 23 26 27			
					3a 28b 28c x 29 30b			
	ny information copied from such Reports and States for commercial purposes, other than using the nar							
	NAME OF COMMITTEE (In Full)							
$ \rangle$	MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION (COMMITT	EE (MAXIM HEALTHCARE PAC)			
<u></u>	Full Name (Last, First, Middle Initial)							
A.	Friends of Phil Green				Date of Disbursement			
					M M / D D / Y Y Y Y			
	Mailing Address 7650 Trumbower Trail				04 01 2021			
	-	State	Zip Code		FEC Identification Number			
	Millington Purpose of Disbursement	MI	48746					
	Non-Federal Political Contribution			011	C			
	Candidate Name			Category/	Transaction ID : SB29.20083 Amount of Each Disbursement this Period			
				Type				
		ment For:			300.00			
	Senate President	Primary Other (spec	General					
	State: District:	Other (spec	City) 🔻		Memo Item			
	Full Name (Last, First, Middle Initial)							
В.	Friends of Timothy H Beson				Date of Disbursement			
					M = M / D = D / Y = Y = Y			
	Mailing Address 121 W Grove St. PO Box 88	04 01 2021						
	,	State Zip Code			FEC Identification Number			
	Kawkawlin Purpose of Disbursement MI 48631							
	Non-Federal Political Contribution	011						
	Candidate Name	Transaction ID : SB29.20081 Amount of Each Disbursement this Period						
				Category/ Type				
		ment For: Primary	General		250.00			
	Senate President							
	State: District:	Memo Item						
	Full Name (Last, First, Middle Initial)							
C.	Graham Filler for State Representa	ative			Date of Disbursement			
	Mailing Address 12705 Warm Creek Drive				04 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 12705 Waltin Creek Drive	04 01 2021						
	•	State	Zip Code		FEC Identification Number			
	Dewitt Purpose of Disbursement	MI	48820					
	Non-Federal Political Contribution			011	C Transaction ID - SP20 20445			
	Candidate Name Cate				Transaction ID : SB29.20115 Amount of Each Disbursement this Period			
				Type				
		ment For:	Conoral		250.00			
	Senate President	Primary Other (spec	General					
	State: District:	от (оро	<i>y</i> , \		Memo Item			
Г	1							
5	SUBTOTAL of Disbursements This Page (optional)			·····•	800.00			
١.	OTAL This Povind (lost nose this line number and it	\						
1 1	OTAL This Period (last page this line number only)	<i>,</i>						

Use separate schedule(s) Check only one) Check one) Che	SCHE	EDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 21 OF 22						
Detailed Surminary Page	ITEM	IZED DISBURSEMENTS			(chec	_ ´				
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 PLEI) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) A. Jim Stamas for State Senate Mailing Address \$615 Eastman Avenue Suite 100 City Middland Purpose of Disbursement Non-Federal Political Contribution Candidate Name Category/ Type Firm Stame (Last, First, Middle Initial) Mike MacDonald for Senate Mailing Address 106 W. Allegan Suite 200 City Learning State: Disbursement Non-Federal Political Contribution Candidate Name City Learning State: Disbursement Non-Federal Political Contribution Candidate Name City Learning Priposis of Disbursement Non-Federal Political Contribution Candidate Name City Learning Priposis of Disbursement Non-Federal Political Contribution Candidate Name City Learning Priposis of Disbursement Non-Federal Political Contribution Candidate Name Category/ Type District Full Name (Last, First, Middle Initial) Condidate Name City Senate Disbursement For: Senate District Full Name (Last, First, Middle Initial) Condidate Name City Senate District Full Name (Last, First, Middle Initial) Condidate Name City Senate District Full Name (Last, First, Middle Initial) Condidate Name City Senate District Full Name (Last, First, Middle Initial) Condidate Name City Senate District Full Name (Last, First, Middle Initial) Condidate Name City Senate District Full Name (Last, First, Middle Initial) Condidate Name City Senate District Full Name (Last, First, Middle Initial) Condidate Name City Senate District Full Name (Last, First, Middle Initial) Amount of Each Disbursement Non-Federal Political Contribution Candidate Name City Senate District Full Name (Last, First, Middle Initial) Condi										
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 Part NAME OF COMMITTEE (MAXIM HEALTHCARE PAC)	Amu inf	currenties assisted from such Departs and Chate							A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) A. Jim Starmas for State Senate Mailing Address 1991 Eastman Avenue Suite 100 City State Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) B. Mike MacDonald for Senate Mailing Address 106 W. Allegan Suite 200 City State: Disbursement Non-Federal Political Contribution Candidate Name Category' Type Office Sought: House Disbursement For: Candidate Name Category' Type Office Sought: House Disbursement For: Candidate Name Category' Type Office Sought: House Disbursement For: Candidate Name Category' Type Office Sought: House Disbursement For: Candidate Name Category' Type Office Sought: House Disbursement For: Candidate Name Category' Type Office Sought: House Disbursement For: Candidate Name Category' Type Office Sought: House Disbursement For: Candidate Name Category' Type Office Sought: House Disbursement For: City Albamy Ny 12210 Purpose of Disbursement Non-Federal Political Contribution Candidate Name Date of Disbursement this Period FEC Identification Number CITY Transaction ID: \$829.20111 Amount of Each Disbursement Od 2021 FEC Identification Number CITY Transaction ID: \$829.20119 Amount of Each Disbursement Od 2021 FEC Identification Number CITY Transaction ID: \$829.20119 Amount of Each Disbursement Od 2021 Transaction ID: \$829.20119 Amount of Each Disbursement this Period Transaction ID: \$829.20119 Amount of Each Disbursement this Period Transaction ID: \$829.20119 Amount of Each Disbursement this Period Transaction ID: \$829.20119 Transaction ID: \$829.20119 Amount of Each Disbursement this Period Transaction ID: \$829.20119 Tran										
Full Name (Last, First, Middle Initial) A. Jim Stamas for State Senate Mailing Address 5915 Eastman Avenue Suite 100 City Midland Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Prisadent Primary General Primase of Disbursement Primase of Di	NAN	ME OF COMMITTEE (In Full)								
A. Jim Stamas for State Senate Mailing Address 5915 Eastman Avenue Suite 100 City Midland City Midland Nin-Federal Political Contribution Candidate Name Office Sought:	MA	XIM HEALTHCARE SERVICES INC	POLITIC	CAL ACTION (COMMI	TTEE	(MAXIN	1 HEAL	THCARE PAC)	
Mailing Address 5915 Eastman Avenue Suite 100 City	_	,								
City Midland Mil 48640 Furnose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought:	_					M = M	/ D	D / Y Y Y Y Y		
Midland Non-Federal Political Contribution Candidate Name Office Sought: House Primary General Other (specify) ▼ State: Disbursement Non-Federal Political Contribution Full Name (Last, First, Middle Initial) B. Mike MacDonald for Senate Maling Address 106 W. Allegan Suite 200 City State: Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Primary General Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Primary General Disbursement This Period Transaction ID: \$829.2011 Amount of Each Disbursement Ib: Period FEC Identification Number Category/ Type FEC Identification Number Category/ Type Transaction ID: \$829.2011 Amount of Each Disbursement Ib: Period Transaction ID: \$829.2011 Amount of Each Disbursement Ib: Period Transaction ID: \$829.2011 Amount of Each Disbursement Ib: Period Transaction ID: \$829.2011 Transaction ID: \$829.2011 Amount of Each Disbursement Other (specify) FEC Identification Number Colly Salate: District: Transaction ID: \$829.2011 Transaction ID: \$829.2011 Amount of Each Disbursement Category/ Type FEC Identification Number Category/ Type Transaction ID: \$829.2011 FEC Identification Number Category/ Transaction ID: \$829.2011 FEC Identification Number Category/ Transaction ID: \$829.20119 Amount of Each Disbursement Ib: Period Transaction ID: \$829.20119 Amount of Each Disbursement Ib: Period Transaction ID: \$829.20119 Amount of Each Disbursement Ib: Period Transaction ID: \$829.20119 Amount of Each Disbursement Ib: Period Transaction ID: \$829.20119 Amount of Each Disbursement Ib: Period Transaction ID: \$829.20119 Amount of Each Disbursement Ib: Period	Mail	•					04	C	2021	
Mildland Mil 48640 Purpose of Disbursement Non-Federal Political Contribution Candidate Name City Lansing Purpose of Disbursement Non-Federal Political Contribution City Lansing Purpose of Disbursement Non-Federal Political Contribution City Lansing Office Sought: House President Disbursement Non-Federal Political Contribution Candidate Name Disbursement Non-Federal Political Contribution Candidate Name Disbursement President Disbursement Non-Federal Political Contribution Candidate Name Disbursement President Disbursement Non-Federal Political Contribution Category/ Type Disbursement Full Name (Last, First, Middle Initial) C. NYS Democratic Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City Albary Purpose of Disbursement Non-Federal Political Contribution Category/ Type Date of Disbursement Memo Item FEC Identification Number Category/ Type Date of Disbursement Memo Item FEC Identification Number Category/ Type Transaction ID : \$232.20111 Amount of Each Disbursement Non-Federal Political Contribution Category/ Type Transaction ID : \$250.00 FEC Identification Number Category/ Type Transaction ID : \$250.00 Memo Item State: District: Senate Primary General Other (specify) ▼ State Disbursement Ton: Senate Primary General Other (specify) ▼ State Disbursement Ton: Senate Primary General Other (specify) ▼ State: District: SubstortAL of Disbursements This Page (optional)	,			1 '			FEC Ide	entificatio	n Number	
Non-Federal Political Contribution Cardidate Name Category/ Type Office Sought:			MI	48640						
Candidate Name Category/ Type					011		C			
Office Sought: House Senate President For: Senate President State: District: Full Name (Last, First, Middle Initial) B. Mike MacDonald for Senate Mailing Address 106 W. Allegan Suite 200 City State Mil 48933 Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Senate President President Non-Federal Political Contribution Full Name (Last, First, Middle Initial) C. NYS Democratic Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City State: District: Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City State: Disbursement Non-Federal Political Contribution Candidate Name City State: Disbursement Other (specify) Date of Disbursement Memo Item FEC Identification Number Category/ Type Date of Disbursement Date of Disbursement by Period Date of Disbursement Date of D	Can	didate Name				m./				
State: District: Full Name (Last, First, Middle Initial) B. Mike MacDonald for Senate Mailing Address 106 W. Allegan Suite 200 City Lansing Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. NYS Democratic Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City Albany Purpose of Disbursement Non-Federal Political Contribution City Albany Purpose of Disbursement Non-Federal Political Contribution City Albany Purpose of Disbursement Non-Federal Political Contribution Condidate Name City Albany Purpose of Disbursement Non-Federal Political Contribution Condidate Name City Albany Purpose of Disbursement Non-Federal Political Contribution Condidate Name City Albany Purpose of Disbursement Non-Federal Political Contribution Condidate Name City Albany Purpose of Disbursement Non-Federal Political Contribution Condidate Name Code Transaction ID: SB29.20119 Amount of Each Disbursement this Period Transaction ID: SB29.20119 Amount of Each Disbursement this Period Memo Item Substortal of Disbursements This Page (optional)							Amount	OI Eacii	Disbursement this Fellou	
State: District: Other (specify) ▼ Memo Item	Offic	ce Sought: House Disburse	ment For:	I			II.,		500.00	
State: District: Full Name (Last, First, Middle Initial) B. Mike MacDonald for Senate Mailing Address 106 W. Allegan Suite 200 City Lansing Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) C. NYS Democratic Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City Albany Non-Federal Political Contribution City Albany Purpose of Disbursement Non-Federal Political Contribution City Albany Purpose of Disbursement Non-Federal Political Contribution City Albany Purpose of Disbursement Non-Federal Political Contribution Category' Type Date of Disbursement Memo Item FEC Identification Number Date of Disbursement Date of Disbursement Date of Disbursement FEC Identification Number CITY Transaction ID: SB29.20119 Amount of Each Disbursement this Period FEC Identification Number CITY Transaction ID: SB29.20119 Amount of Each Disbursement this Period FEC Identification Number CITY Transaction ID: SB29.20119 Amount of Each Disbursement this Period FEC Identification Number CITY Transaction ID: SB29.20119 Amount of Each Disbursement this Period FEC Identification Number CITY Transaction ID: SB29.20119 Amount of Each Disbursement this Period FEC Identification Number CITY Transaction ID: SB29.20119 Amount of Each Disbursement this Period Memo Item SUBTOTAL of Disbursements This Page (optional)			,					,	,	
Full Name (Last, First, Middle Initial) B. Mike MacDonald for Senate Mailing Address 106 W. Allegan Suite 200 City Lansing Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President State: District: In Senate Primary Purpose of Disbursement Non-Federal Political Contribution Candidate Name C. NYS Democratic Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City Albany Purpose of Disbursement Non-Federal Political Contribution Condidate Name Office Sought: Memo Item FEC Identification Number C. Transaction ID: \$829,20111 Amount of Each Disbursement this Period Date of Disbursement FEC Identification Number Category/ Type Date of Disbursement this Period FEC Identification Number Date of Disbursement this Period FEC Identification Number Date of Disbursement this Period FEC Identification Number C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period FEC Identification Number C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period FEC Identification Number C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period FEC Identification Number C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period C. Transaction ID: \$829,20119 Amount of Each Disbursement this Period	Stat		Other (spe	cify) \blacktriangledown			Mei	no Item		
B. Mike MacDonald for Senate Mailing Address 106 W. Allegan Suite 200 City Lansing Purpose of Disbursement Non-Federal Political Contribution Candidate Name Disbursement For: Senate President Primary General Other (specify) City Albany Purpose of Disbursement Non-Federal Political Contribution City Albany State Zip Code NY 12210 City Albany State Zip Code NY 12210 City Albany Purpose of Disbursement For: City Albany Purpose of Disbursement Non-Federal Political Contribution Candidate Name Cast First, Middle Initial) Category/ Type Office Sought: House NY 12210 City Albany State Zip Code NY 12210 Category/ Type Office Sought: House Primary General Other (specify) Type Office Sought: House Primary General Other (specify) Memo Item FEC Identification Number Category/ Type Transaction ID: \$829.20119 Amount of Each Disbursement this Period Transaction ID: \$829.20119 Amount of Each Disbursement this Period Senate Primary General Other (specify) Memo Item Substortal of Disbursements This Page (optional)										
Mailing Address 106 W. Allegan Suite 200 City	_						Date of	Disburse	ement	
City Lansing Purpose of Disbursement Non-Federal Political Contribution Candidate Name Disbursement For: Senate Primary Other (specify) City Albany Mailing Address 111 Washington Ave., Suite 409 City Albany Purpose of Disbursement Non-Federal Political Contribution City Albany Purpose of Disbursement Non-Federal Political Contribution Category/ Type Date of Disbursement Non-Federal Political Contribution Candidate Name Category/ Type Date of Disbursement Non-Federal Political Contribution Candidate Name Category/ Type Disbursement Non-Federal Political Contribution Candidate Name Disbursement For: Senate Primary General Other (specify) Merno Item FEC Identification Number Category/ Type Transaction ID : SB29.20119 Amount of Each Disbursement this Period Transaction ID : SB29.20119 Amount of Each Disbursement this Period Merno Item Substock Substock Merno Item FEC Identification Number Charaction ID : SB29.20119 Amount of Each Disbursement this Period Merno Item Substock Substock Substock Substock Substock Substock Substock State Substock Substock Substock Substock State Substock Sub	1711	ike ividebolidid for beliate					M M / D D / Y Y Y Y			
Lansing Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. NYS Democratic Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City State Zip Code NY 12210 Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Transaction ID: \$829.2011 Memo Item FEC Identification Number Category/ Type Transaction ID: \$829.2011 Amount of Each Disbursement C Transaction ID: \$829.2011 FEC Identification Number C Transaction ID: \$829.2011 FEC Identification Number C Transaction ID: \$829.20119 Amount of Each Disbursement this Period Transaction ID: \$829.20119 Amount of Each Disbursement Inis Period Transaction ID: \$829.20119 Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2500.00 Memo Item Subtrotal of Disbursements This Page (optional)	Mail	Mailing Address 106 W. Allegan Suite 200					04 01 2021			
Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. NYS Democratic Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City Albany Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Primary General NY 12210 Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: State: District: Memo Item FEC Identification Number Category/ Type Office Sought: House Disbursement For: 2500.00 Memo Item Substitute Primary General Other (specify) ▼ Substitute District: Memo Item Substitute District: Memo Item Substitute District: Memo Item Substitute District: Memo Item Substitute Disbursements This Page (optional)	•			1			FEC Ide	entificatio	n Number	
Non-Federal Political Contribution Candidate Name Category/ Type		š į	IVII	48933						
Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. NYS Democratic Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City Albany State Zip Code Albany Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: State: Disbursement For: Senate Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)	Non-Fodoral Political Contribution									
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. NYS Democratic Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City Albany Purpose of Disbursement Non-Federal Political Contribution Candidate Name Candidate Name Disbursement For: Senate Primary General Political Contribution Category/ Type Office Sought: House Disbursement For: Senate Primary General Political Contribution State: District: Substored Albany Primary General Primary	Can	didate Name			Catego	rv/				
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. NYS Democratic Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City Albany Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Date of Disbursement Date of Disbursement FEC Identification Number Category/ Type Transaction ID: SB29.20119 Amount of Each Disbursement this Period Memo Item Subtrotal of Disbursements This Page (optional)										
State: District: Full Name (Last, First, Middle Initial) C. NYS Democratic Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City Albany Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President State: District: Other (specify) Memo Item Date of Disbursement Mailing Address 111 Washington Ave., Suite 409 FEC Identification Number Category/ Type Office Sought: House Primary General Other (specify) State: District: Substock Albany FEC Identification Number Category/ Type Other (specify) Memo Item 3250.00	Offic								250.00	
State: District: Full Name (Last, First, Middle Initial) C. NYS Democratic Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City Albany Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Senate President State: District: Substock Disbursement For: Senate Primary General Other (specify) Substock Substock Disbursement For: Senate Primary General Other (specify) Memo Item Date of Disbursement M										
C. NYS Democratic Senate Campaign Committee Mailing Address 111 Washington Ave., Suite 409 City Albany Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President President State: District: District: Date of Disbursement Mailing Address 111 Washington Ave., Suite 409 FEC Identification Number Category/ Type Category/ Type Office Sought: Memo Item Subtrotal of Disbursement Memo Item	Stat		Other (spec	City)			Mei	no Item		
Mailing Address 111 Washington Ave., Suite 409 City Albany Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President President State: District: Substate Zip Code 12210 FEC Identification Number Category/ Type Category/ Type Memo Item Substate: Substat	Full	Name (Last, First, Middle Initial)								
City Albany Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President President State: District: District: State Albany Albany Purpose of Disbursement Non-Federal Political Contribution Category/ Type Transaction ID: SB29.20119 Amount of Each Disbursement this Period Memo Item Subtrotal of Disbursements This Page (optional)	C. N	S Democratic Senate Campaig	n Comm	nittee			Date of			
Albany Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Senate President President State: District: NY 12210 Category/ Type Category/ Type Category/ Type Category/ Type Memo Item SUBTOTAL of Disbursements This Page (optional)	Mail	ing Address 111 Washington Ave., Suite 409				04				
Albany Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Senate President President State: District: NY 12210 C C Transaction ID : SB29.20119 Amount of Each Disbursement this Period Memo Item SUBTOTAL of Disbursements This Page (optional)	City		State	Zip Code			FFC Ide	entificatio	n Number	
Non-Federal Political Contribution Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substruct: House Other (specify) ▼ Substruct: Transaction ID : SB29.20119 Amount of Each Disbursement this Period Memo Item 3250.00		•	NY	12210						
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substract: District: Substract: Disbursements This Page (optional)	- 1				011			nsaction	ID : SB29.20119	
Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substrict: Substrict: Memo Item 3250.00	Can	didate Name					Amount	of Each	Disbursement this Period	
Senate Primary General Other (specify) ▼ State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)	Offic	ce Sought: House Disburse	ment For:		туре				2500.00	
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)		· H –	1	General				7	4	
State: District: SUBTOTAL of Disbursements This Page (optional)		President	Other (spe	cify) 🔻			Mei	no Item		
SOBTOTAL OF DISDUTSERIERIES THIS Fage (Optional)	Stat	e: District:	-							
TOTAL This Period (lest page this line number only)	SUBT	OTAL of Disbursements This Page (optional).						-7	3250.00	
	TOTA	This Povind (lock page this line granter and	· · · · · · · · · · · · · · · · · · ·							

S П

Use separate schedules Check only only Check only Check only only	SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 22 OF 22				
Any information cooled from such Reports and Statements may root be sold or used by any person for the purpose of obligations from such Reports and Statements may root be sold or used by any person for the purpose of soliciting contributions or for commencial purposes, other than using the name and address of any political committee to soliciting contributions from such committee. NAME OF COMMITTEE (in Full) MAXIM HEALTH-CARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTH-CARE PAC) Pull Name (Last, First, Middle Initial) A. Paul Wojno for State Senate Mailing Address 37025 Margaret Ct City Warran Office Sought: House	•	•			TOTAL ETTE TOTAL ETTE				
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 COMINITEE (in Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) A. Paul Wojno for State Senate Mailing Address 32025 Margaret Ct City Warran Full pose of Disbursement Non-Federal Political Contribution Cardidate Name City City State District Full Name (Last, First, Middle Initial) B. Sylvia Santana for Senate Mailing Address 5700 Brace Street City City City State Disbursement For: City State Disbursement For: City State Disbursement For: Galegory/ Type Transaction ID: \$823,20168 Amount of Each Disbursement Date of Disbursement Date of Disbursement City Transaction ID: \$823,20168 Amount of Each Disbursement Date of Disbursement Date of Disbursement City City District Full Name (Last, First, Middle Initial) City City District Full Name (Last, First, Middle Initial) City State Disbursement For: City State Disbursement For: City State Disbursement For: City State District Firmary General Disbursement Candidate Name City City State Disbursement For: City Amount of Each Disbursement this Period Meno Item FEC Identification Number City Amount of Each Disbursement this Period Meno Item Firmary General District Firmary General Firmary General D	II LIVIIZED DIODONOLIVILIVIO				` `				
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 Pull) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) A. Paul Wojno for State Senate Mailing Address 32025 Margaret Ct		Detailed	Cummary Fage	28a	28b 28c x 29 30b				
MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name (Last, First, Middle Initial) A. Paul Wojno for State Senate Mailing Address 32025 Margaret Ct City Warren Mailing Address 32025 Margaret Ct City State President Disbursement Mile A0093 Purpose of Disbursement Non-Federal Political Contribution Candidate Name Category/ Special Primary Office Sought: House President Disbursement For: City State: Disbursement Non-Federal Political Contribution Candidate Name City State: Disbursement Office Sought: House Date of Disbursement ins Period Mailing Address 5700 Brace Street City State: Disbursement Office Sought: House Office Sought: House Disbursement For: Candidate Name Condidate Name City Mailing Address City State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Candidate Name City Mailing Address City State: District: Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House President State: District: Sanate Primary General Primary General Primary General Mamor Item Mamor Item Amount of Each Disbursement this Period FEC Identification Number Category/ Type Memor Item Mamor Item Mamor Item Mamor Item Mamor Item State: District: Mailing Address City State: District: Mailing Address City Mamor Item M									
Full Name (Last, First, Middle Initial) A Paul Wojno for State Senate Mailing Address 32025 Margaret Ct City									
A. Paul Wojno for State Senate Mailing Address 32025 Margaret Ct City Warren Purpose of Disbursement Non-Faderal Political Contribution Candidate Name Office Sought:	MAXIM HEALTHCARE SERVIC	ES INC	POLITIC	AL ACTION	COMMITTEE	E (MAXIM HEALTHCARE PAC)			
Mailing Address 32025 Margaret Ct									
City Warren Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought:		9				M M / D D / Y Y Y Y			
Warren Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Senate Primary General Disbursement For: Senate Primary General Date of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Primary General Primary General Primary General District: Full Name (Last, First, Middle Initial) Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement Category/ Type Tece Identification Number Category/ Type Date of Disbursement Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type District: Fell Name (Last, First, Middle Initial) Category/ Type Memo Item Substoral of Disbursement this Period Memo Item Substoral of Disbursement this Period Memo Item Substoral of Disbursement this Period		1.	-	I=: 0 :		04 01 2021			
Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought:		,		1 '		FEC Identification Number			
Candidate Name Candidate Name Category/ Type Office Sought:	Purpose of Disbursement			10000		C			
Category/ Type Office Sought: House Senate Primary General General Primary General Primary General Primary General Ge	Non-Federal Political Contribution				011				
Office Sought:	Candidate Name								
State: District: Other (specify) ▼ Memo Item	Office Sought: House	Disburser	ment For:		-75-7	250.00			
State: District: Full Name (Last, First, Middle Initial) B. Sylvia Santana for Senate Mailing Address 5700 Brace Street City Detroit Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Amount of Each Disbursement this Period President Candidate Name City State: District: Full Name (Last, First, Middle Initial) Category/ Type Other (specify) Date of Disbursement this Period Memo Item Date of Disbursement Memo Item Date of Disbursement Category/ Type Office Sought: House Purpose of Disbursement Candidate Name Office Sought: House Purpose of Disbursement Candidate Name Other (specify) Senate President Other (specify) Memo Item State: District: Memo Item State: Disbursement This Page (optional)			•						
Full Name (Last, First, Middle Initial) Sylvia Santana for Senate Mailing Address 5700 Brace Street City Detroit Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: District: Full Name (Last, First, Middle Initial) City Senate President Other (specify) State Zip Code Mi 48228 FEC Identification Number Category/ Type Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disbursement this Period Transaction ID: SB29.20165 Amount of Each Disburs			Other (spec	cify) ▼		Memo Item			
Mailing Address 5700 Brace Street Mailing Address 5700 Brace Street									
Mailing Address 5700 Brace Street City Detroit Non-Federal Political Contribution Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Cty Durpose of Disbursement State: City Mailing Address City State District: Full Name (Last, First, Middle Initial) Cty Purpose of Disbursement City Mailing Address City State Disbursement Candidate Name Candidate Name City Date of Disbursement Candidate Name Category/ Type FEC Identification Number Category/ Type Memo Item Substitute: Substitute: Substitute: Substitute: Disbursement For: Senate Primary General Other (specify) ▼ Memo Item Substitute: Substitute: Substitute: Substitute: Disbursements This Page (optional)	_								
Detroit Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Primary General President City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General District: City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General District: Date of Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General District: State: District: Substate: District: Memo Item FEC Identification Number Category/ Type Memo Item Substate: District: Memo Item	Mailing Address 5700 Brace Street	Mailing Address 5700 Brace Street							
Detroit Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Primary General President City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General District: City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General District: Date of Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General District: State: District: Substate: District: Memo Item FEC Identification Number Category/ Type Memo Item Substate: District: Memo Item	City.								
Purpose of Disbursement Non-Federal Political Contribution Candidate Name Office Sought: House Senate Prissident State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Memo Item State: District: Substoate Primary General Other (specify) Memo Item Substoate Senate Primary General Other (specify) Memo Item Substoate Senate Primary General Other (specify) FEC Identification Number Candidate Name Substoate Primary General Other (specify) Feculty Memo Item						FEC Identification Number			
Candidate Name Candidate Name Disbursement For: Senate President President District: Category/ Type Disbursement For: Senate Primary General Other (specify) Memo Item Transaction ID : SB29.20105 Amount of Each Disbursement this Period Memo Item Transaction ID : SB29.20105 Amount of Each Disbursement this Period Memo Item Transaction ID : SB29.20105 Amount of Each Disbursement this Period Transaction ID : SB29.20105 Amount of Each Disbursement this Period Transaction ID : SB29.20105 Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) Transaction ID : SB29.20105 Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) Memo Item State: SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement	Purpose of Disbursement				C			
Office Sought: House Senate President State: District: Memo Item Post									
Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Date of Disbursement C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: House Senate Primary General Other (specify) State: District: Memo Item FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item Substitute: District: Memo Item	Сапаіаате ічате					Amount of Each Disbursement this Period			
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Memo Item State: District: Substotal of Disbursements This Page (optional)	Office Sought: House	Disburser	ment For:		туре	300.00			
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Ciffice Sought: President State: District: Memo Item Date of Disbursement FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item Memo Item Mailing Address FEC Identification Number Category/ Type Office Sought: Primary General Other (specify) Memo Item Substitute: Substitute: Substitute: Substitute: Substitute: Substitute: Substitute: Memo Item	·			General		7 7 7			
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Disbursement For: Senate Primary Other (specify) State: Substock			Other (spec		Memo Item				
Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Substrate of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	C.					Date of Disbursement			
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)						M M / D D / Y Y Y Y			
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Substruct: Memo Item 18650.00	Mailing Address								
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Substrict: Memo Item Substrict: State: Disbursements This Page (optional)	City	;	State	Zip Code		FEC Identification Number			
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Substrict: Memo Item Substrict: Senate Primary General Memo Item	Purpose of Disbursement	C							
Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Substruct: Memo Item	Candidata Nama								
Senate Primary General Other (specify) ▼ State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)					Amount of Each Disbursement this Period				
State: District: Other (specify) ▼ Memo Item SUBTOTAL of Disbursements This Page (optional)		Disburser				117117114			
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)			•						
SUBTOTAL of Disbursements This Page (optional)			oniei (she	∪iiy <i>)</i> ▼		Memo Item			
19950 00									
18650.00	SUBTOTAL of Disbursements This Page (optional)				550.00			
	TOTAL This B					18650.00			