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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auth	lorizea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MAXIM HEALTHCARE	SERVICES INC POLITI	ICAL ACTION COMMIT	TEE (MAXIM HEALTHCARE PAC)
ADDRESS (number and street) ▼	7227 Lee Deforest Drive		
Check if different than previously reported. (ACC)	Columbia		MD 21046 -
2. FEC IDENTIFICATION N	UMBER ▼ CITY	(▲	STATE ▲ ZIP CODE ▲
C C00558932	3. IS	THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	20 (M2) May 20 (M5) 20 (M3) Jun 20 (M6)	Sep 20 (M9) Sep 20 (M9) Sep 20 (M9) Sep 20 (M9)
	Apr 2	20 (M4) Jul 20 (M7)	Oct 20 (M10)
April 15 Quarterly Report (0	Q1) (c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (0	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (0	23)	M M / D D /	Y Y Y Y in the
January 31 Year-End Report (Y	YE) Election	n on	State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on	in the State of
5. Covering Period 02		through 02	28 / 2019
I certify that I have examined th	nis Report and to the best of r DeFronzo, Christopher, , ,	my knowledge and belief it is t	rue, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer	ronzo, Christopher, , ,	[Electronically Filed]	Date 03 / 19 / 2019
NOTE: Submission of false, erron	neous, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 3010
Office Use Only			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
6. (a)	Cash on Hand January 1, 2019	This Tellou	23698.61
(b)	Cash on Hand at Beginning of Reporting Period	32050.85	
(c)	Total Receipts (from Line 19)	4601.84	9954.08
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36652.69	33652.69
7. To	tal Disbursements (from Line 31)	16900.00	13900.00
Re	sh on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	19752.69	19752.69
the	ebts and Obligations Owed TO e Committee (Itemize all on hedule C and/or Schedule D)	0.00	
the	e 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	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:	L	
(a) Individuals/Persons Other		
Than Political Committees	927.36	1177.36
(i) Itemized (use Schedule A)	321.00	1177.30
(ii) Unitemized	3674.48	8776.72
(iii) TOTAL (add	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4
Lines 11(a)(i) and (ii)▶	4601.84	9954.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	, , , , , , , , , , , , , , , , , , , ,	
11(a)(iii), (b), and (c)) (Carry		2054.00
Totals to Line 33, page 5)▶	4601.84	9954.08
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
	492 492	45 45
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	42 1 42 1	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees 7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds	3.50	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
9. Total Receipts (add Lines 11(d),	1001.01	0054.00
12, 13, 14, 15, 16, 17, and 18(c))▶	4601.84	9954.08
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	4601.84	9954.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

Total This Period	COLUMN B Calendar Year-to-Date		
0.00	0.00		
4	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
3000.00	3000.00		
4 4 4			
	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
7 7 7			
13900.00	10900.00		
))			
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
16900.00	13900.00		
16900.00	13900.00		
	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures				
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4601.84	9954.08		
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4601.84	9954.08		
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		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE	-	6	OF		19
(0	(check only one)										
	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 Apperson, Kevin, D, , Date of Receipt Mailing Address 2235 Eutaw Place 2019 City Zip Code State Transaction ID: SA11AI.17025 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Information Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DePriest, Jarrod, , , Date of Receipt Mailing Address 235 Buckboard Rd West 2019 2807 City State Zip Code Transaction ID: SA11AI.17056 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr. VP of 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. Friedell, Andrew, , , Date of Receipt Mailing Address 523A Epping Forrest Rd 22 2019 City Zip Code State Transaction ID: SA11AI.17069 MD Annapolis 21401 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr. VP Strategic Solutions Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 360.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)

FO	R LINE	PAGE		7	OF		19		
(check only one)									
>	1 1a	11b		11c		12			
	13	14		15		16			17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hughes, Laura, L, , Date of Receipt Mailing Address 19914 Gunpowder Road 2019 City Zip Code State Transaction ID: SA11AI.17078 MD Manchester 21102 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP of Medicare West & Central Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 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. 2019 City State Zip Code Transaction ID: SA11AI.17089 NC Winnabow 28479 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr. VP of 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.** Middleton, Deeley, C, Date of Receipt Mailing Address 213 St Dunstans Road 22 2019 City Zip Code State Transaction ID: SA11AI.17109 MD **Baltimore** 21212 Amount of Each Receipt this Period FEC ID number of contributing C 115.36 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Sr. VP Quality, Safety Receipt For: Aggregate Year-to-Date ▼ Primary General 230.72 Other (specify) 355.36 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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		19	
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		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 Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2019 City Zip Code State Transaction ID: SA11AI.17126 Wilmington NC 28411 Amount of Each Receipt this Period FEC ID number of contributing C 112.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 224.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Santobianco, Daniel, J, , Date of Receipt Mailing Address 13859 Gibraltar Ln 80 2019 City State Zip Code Transaction ID: SA11AI.17102 TX Frisco 75035 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 National Director - MPR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 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) 212.00 SUBTOTAL of Receipts This Page (optional).....

927.36

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SCHEDULE B (FEC Form 3X)	Use separate sche	dulo(o) · · · · ·	OR LINE NUMBER: PAGE 9 OF 19 neck only one)				
TEMIZED DISBURSEMENTS	for each category of Detailed Summary	of the Page 2	only one) 1b				
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	POLITICAL ACT	ION COMMITT	EE (MAXIM HEALTHCARE PAC)				
Full Name (Last, First, Middle Initial) A. BERGMANFORCONGRESS			Date of Disbursement				
Mailing Address 3585 BUNKER HILL RD, #434			02 22 2019				
City ACME	State Zip Code MI 49610	9	FEC Identification Number				
Purpose of Disbursement Political Contribution Candidate Name		011	C C00614214 Transaction ID : SB23.17235				
BERGMAN, JOHN, , ,	ement For: 2020	Category/ Type	Amount of Each Disbursement this Period 1000.00				
Senate President	Primary Ger Other (specify) ▼	neral	Memo Item				
State: MI District: 01 Full Name (Last, First, Middle Initial) 3. JULIA BROWNLEY FOR CONGR Mailing Address PO BOX 2018	Date of Disbursement 02						
City THOUSAND OAKS	State Zip Code CA 91358	e	FEC Identification Number				
Purpose of Disbursement Political Contribution	OA 91330	011	C C00513077 Transaction ID : SB23.17233				
Candidate Name BROWNLEY, JULIA, , ,		Category/ Type	Amount of Each Disbursement this Period				
Office Sought:	ement For: 2020 Primary Ger Other (specify)	neral	Memo Item				
Full Name (Last, First, Middle Initial) MASSACHUSETTS REPUBLICA	N PARTY		Date of Disbursement				
Mailing Address 85 MERRIMAC ST. SUITE 400			02 22 2019				
City BOSTON	State Zip Code MA 02114	е	FEC Identification Number				
Purpose of Disbursement Political Contribution Candidate Name		011 Category/ Type	C C00042622 Transaction ID : SB23.17234 Amount of Each Disbursement this Period				
Office Sought: House Disburse Senate	ement For:	neral	1000.00				
President	Other (specify) ▼						

SCHEDULE B (FEC Form 3X)			FOR LINE	LINE NUMBER: PAGE 10 OF 19				
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(onlook only					
		d Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b				
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Any information copied from such Reports and Stator for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full)								
$ \; angle$ MAXIM HEALTHCARE SERVICES IN	C POLITI	CAL ACTION	COMMITTEE	(MAXIM HEALTHCARE PAC)				
F. H. N								
Full Name (Last, First, Middle Initial) A. Beau Lafave for State Represent	ativo			Date of Disbursement				
beau Lalave for State Nepresent	alive			M M / D D / Y Y Y				
Mailing Address W8025 Millie Hill Estates Dr.				02 14 2019				
0"	10	7: 0 !						
City Iron Mountain	State MI	Zip Code 49801		FEC Identification Number				
Purpose of Disbursement		10001		C				
Non-Federal Political Contribution			011	Transaction ID : SB29.17219				
Candidate Name			Category/	Amount of Each Disbursement this Peri-	iod			
Office Sought: House Disburs	sement For:		Type	500.00				
Senate Disbuis	Primary	General						
President	Other (sp			Memo Item				
State: District:				Mienio Item				
Full Name (Last, First, Middle Initial)								
B. Committee to Elect Gregory J. M	arkkaner	n		Date of Disbursement				
Mailing Address 743 Hancock St.				02 14 2019				
maning / database / 43 Harloock St.								
City	State	Zip Code		FEC Identification Number				
Hancock Purpose of Disbursement	MI	49930						
Non-Federal Political Contribution			011	C				
Candidate Name			Category/	Transaction ID : SB29.17222 Amount of Each Disbursement this Period	iod			
			Type					
	ement For:	0		250.00				
Senate President	Other (sp	General General						
State: District:	_ Cirior (op	(COMY)		Memo Item				
Full Name (Last, First, Middle Initial)								
C. Committee to Elect Jason Wentw	orth			Date of Disbursement				
Matter Address 2070 0				M M / D D / Y Y Y Y				
Mailing Address 6070 Grant Road				02 14 2019				
City	State	Zip Code		FEC Identification Number				
Farwell	MI	48622						
Purpose of Disbursement Non-Federal Political Contribution			011	C				
Candidate Name				Transaction ID : SB29.17201 Amount of Each Disbursement this Period	iod			
			Category/ Type	Amount of Each Disbursement this Fen	ou			
Office Sought: House Disburs	sement For:			500.00				
Senate	Primary	General						
State: President State:	Other (sp	echy) 🔻		Memo Item				
Side. Diotriot.					_			
SUBTOTAL of Disbursements This Page (optional)			1250.00	.			
					一			
TOTAL This Period (last page this line number on	lv)							

SCHEDULE B (FEC Form 3X)			FOR LINE	LINE NUMBER: PAGE 11 OF 19			
ITEMIZED DISBURSEMENTS							
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b			
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Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
$ \; angle$ MAXIM HEALTHCARE SERVICES INC	POLITI	CAL ACTION (COMMITTEE	(MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial)							
A. Committee to Elect John Bizon for	r State F	Ren.		Date of Disbursement			
				M M / D D / Y Y Y Y			
Mailing Address 5420 A Beckley Road #349				02 14 2019			
City	State	Zip Code		FFO Islandification Number			
Battle Creek	MI	49015		FEC Identification Number			
Purpose of Disbursement Non-Federal Political Contribution			044				
Candidate Name			011	Transaction ID : SB29.17164			
Sandidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:		71: -	500.00			
Senate	Primary	General					
State: District:	Other (sp	ecify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)							
B. Committee to Elect Joseph Tate				Date of Disbursement			
				M = M / D = D / Y = Y = Y			
Mailing Address 192 Lenox St.				02 14 2019			
City	State MI	Zip Code		FEC Identification Number			
Detroit Purpose of Disbursement	IVII	48215		C			
Non-Federal Political Contribution			011	Transaction ID : SB29.17226			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:		Туре	250.00			
Senate	Primary	General		7 7			
President	Other (sp	ecify)		Memo Item			
State: District:				<u> </u>			
Full Name (Last, First, Middle Initial) C. Committee to Elect Lynn Afendoul	lio			Date of Disbursement			
or Committee to Liect Lynn Alendour	IIO			M M / D D / Y Y Y Y			
Mailing Address 3333 FALCON BLUFF CT NE				02 14 2019			
City	State	Zip Code		FEC Identification Number			
Grand Rapids	MI	49525					
Purpose of Disbursement Non-Federal Political Contribution			011	C			
Candidate Name			Category/	Transaction ID : SB29.17206 Amount of Each Disbursement this Period			
			Type				
Office Sought: House Disburse Senate	ement For:	General		250.00			
President	Primary Other (sp			п., .			
State: District:] · (3p	<i>3,</i> •		Memo Item			
SUBTOTAL of Disbursements This Page (optional).			·····•	1000.00			
TOTAL This Period (last page this line number only	/)						

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 OF					
ΙΤ	EMIZED DISBURSEMENTS		arate schedule(s)	1 -	(check only one)				
-			Detailed Summary Page		1b 22 23 26 27				
_					8a 28b 28c x 29 30b				
	ny information copied from such Reports and Stater for commercial purposes, other than using the name								
\setminus	NAME OF COMMITTEE (In Full)								
	MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION (COMMITT	EE (MAXIM HEALTHCARE PAC)				
_	Full Name (Last, First, Middle Initial)				Data of Dishusanasia				
A.	A. Committee to Elect Mark Huizenga				Date of Disbursement				
	Mailing Address 3841 Butterworth St. SW		T=		02 14 2019				
	City State of the City State o	State MI	Zip Code 49534		FEC Identification Number				
	Purpose of Disbursement		49334		C				
	Non-Federal Political Contribution			011					
	Candidate Name			Category/ Type	Transaction ID : SB29.17215 Amount of Each Disbursement this Period				
	Office Sought: House Disburser	ment For:		1,700	250.00				
	Senate	Primary	General		7 7 7				
	President	Other (spec	cify) 🔻		Memo Item				
_	State: District:								
В.	Full Name (Last, First, Middle Initial)	Date of Disbursement							
٥.	Committee to Elect Mary Whiteford	ı			M M / D D / Y Y Y Y				
	Mailing Address PO Box 324	02 14 2019							
	City	State	Zip Code		FEC Identification Number				
	Allegan Purpose of Disbursement	MI	49010						
	Non-Federal Political Contribution	011 Category/			C				
	Candidate Name				Transaction ID : SB29.17230 Amount of Each Disbursement this Period				
				Type	Amount of Each Disbursement this Feriou				
	Office Sought: House Disburser	Primary General			500.00				
	Senate								
	President State: District:	Other (spec	сіту)		Memo Item				
_	Full Name (Last, First, Middle Initial)								
C.	Committee to Elect Mike Shirkey S	tate Ser	nate		Date of Disbursement				
	Mailing Address 11757 Sutfin Rd				02 14 2019				
	City	State	Zip Code		FEC Identification Number				
	Clarklake	MI	49234						
	Purpose of Disbursement Non-Federal Political Contribution			011	Transaction ID : SB29.17225				
	Candidate Name			Category/	Amount of Each Disbursement this Period				
	Office Sought: House Disburser	ment For:		Туре	1000.00				
	Senate	Primary	General		4 4				
	President	Other (spec	cify) 🔻		Memo Item				
_	State: District:				Willia Kelli				
8	SUBTOTAL of Disbursements This Page (optional)			·····	1750.00				
\vdash									
T	'OTAL This Period (last page this line number only)								

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 13 OF 19				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			k only one)			
-			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 nar							
	NAME OF COMMITTEE (In Full)							
	MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION (TTEE (MAXIM HEALTHCARE PAC)			
^	Full Name (Last, First, Middle Initial)		0		Data of Dishuraamant			
A.	Committee to Elect Peter MacGreg	gor for St	tate Senate		Date of Disbursement			
	Mailing Address 12759 W. Greenfield Road		I		02 14 2019			
	City Grand Ledge	State MI	Zip Code 48837		FEC Identification Number			
	Purpose of Disbursement	.***	70007		C			
	Non-Federal Political Contribution			011	Transaction ID : SB29.17165			
	Candidate Name			Catego Type	ry/ Amount of Each Disbursement this Period			
	Office Sought: House Disburser	ment For:		71,	500.00			
	Senate	Primary General						
	President State: District:	Other (spec	cify) 🔻		Memo Item			
_	Full Name (Last, First, Middle Initial)				_			
В.		doz			Date of Disbursement			
	Committee to Liect Shahe Heman	M M / D D / Y Y Y						
	Mailing Address 1423 18TH ST	02 14 2019						
	,	State	Zip Code		FEC Identification Number			
	Port Huron Purpose of Disbursement	MI	48060					
	Non-Federal Political Contribution	011 Category/			C			
	Candidate Name				Transaction ID : SB29.17214 Amount of Each Disbursement this Period			
				Type	,			
		ment For:			500.00			
	Senate President	Primary	General					
	State: District:	Other (spec	лу) Эпу)		Memo Item			
_	Full Name (Last, First, Middle Initial)							
C.	Committee to Elect Tommy Brann				Date of Disbursement			
	Mailing Address 2641 GLENCAIRIN DRIVE NW				02 14 2019			
	City	State	Zip Code		FEC Identification Number			
	Grand Rapids Purpose of Disburgement	MI	49504					
	Purpose of Disbursement Non-Federal Political Contribution				C Transaction ID : SP20 47200			
	Candidate Name			Catego	Transaction ID : SB29.17209 ry/ Amount of Each Disbursement this Period			
	Office Cought			Type				
	Office Sought: House Disburser Senate	ment For: Primary	General		250.00			
	President	Other (spec			п., .			
	State: District:	(opoc	- 31 ▼		Memo Item			
Г	'							
8	SUBTOTAL of Disbursements This Page (optional)				1250.00			
L								
ΙŢ	OTAL This Period (last page this line number only))			 I			

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 OF 19				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only				
	Detailed Sun		21b	22 23			
[<u> </u>		28a		30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
MAXIM HEALTHCARE SERVICES INC	POLITICAL	ACTION C	OMMITTEE	(MAXIM HE	ALTHCARE PAC)		
Full Name (Last, First, Middle Initial)				Data of Diale			
A. Cooper for North Carolina					D D / Y Y Y Y		
Mailing Address 434 Fayetteville Street Suite 2020				02	18 2019		
City S Raleigh		p Code 27601		FEC Identifica	ation Number		
Purpose of Disbursement	NC 2	27601					
Voided Non-Federal Political Contribution, Originally	Reported on 0	1/09/2019	011	C			
Candidate Name			Category/	Transaction ID : S	ion ID: SB29.17237		
			Type	7 THOUSE OF LE	Sir Biobardoniont tino i chida		
Office Sought: House Disbursen	nent For:			- 1000.00			
	Primary	General					
State: President District:	Other (specify)	▼		Memo Ite	m		
Full Name (Last, First, Middle Initial)				_			
B. CTE WINNIE BRINKS FOR SENA	TE				Date of Disbursement		
Mailing Address 2060 Osceola Drive SE	02 14 2019						
,		p Code		FEC Identifica	ation Number		
Grand Rapids Purpose of Disbursement	MI	49506		С			
Non-Federal Political Contribution							
Candidate Name			Category/ Type		on ID: SB29.17202 ach Disbursement this Period		
Office Sought: House Disbursen				1 1	300.00		
Senate	Primary	General		4	4 4		
State: President District:	Other (specify)			Memo Ite	m		
Full Name (Last, First, Middle Initial)							
C. Curt Vanderwall for State Senate	Curt Vanderwall for State Senate						
Mailing Address 4906 Rasmussen Rd.	02	14 2019					
City	State Zi	p Code		FEC Identifica	ation Number		
Ludington	MI .	49431		1.1	MOT NUMBER		
Purpose of Disbursement Non-Federal Political Contribution	C	ion ID : SB29.17227					
Candidate Name		ch Disbursement this Period					
Office Sought: House Disbursement For:					250.00		
Senate	Senate Primary General						
President	Other (specify) ▼			Memo Ite	m		
State: District:				ш			
SUBTOTAL of Disbursements This Page (optional)			······		- 450.00		
TOTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)		11		FOR LINE NUMBER: PAGE 15 OF 19				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(check only		26 27		
			Summary Page	21b 28a	22 23 28c x			
Αı	ny information copied from such Reports and Stater	nents may n	not be sold or us	ed by any perso				
	for commercial purposes, other than using the nan							
	NAME OF COMMITTEE (In Full)	חסו ודוס	AL ACTION O	~~\\	: /N/A VIN / LIE A I TI	ICADE DAC)		
/	MAXIM HEALTHCARE SERVICES INC	PULITICA	AL ACTION (JUIVIIVII I EE	: (IVIAAIIVI MEALTE	IUAKE PAU)		
_	Full Name (Last, First, Middle Initial)							
Α.	Friends of Greg Vanwoerkom	Date of Disbursement						
	Mailing Address 6490 Boulder Drive	02 / 14	2019					
	,	State	Zip Code		FEC Identification N	lumber		
	Norton Shores Purpose of Disbursement	MI	49442					
	Non-Federal Political Contribution			011	C			
	Candidate Name			Category/	Transaction ID Amount of Each Dis	: SB29.17228 Sbursement this Period		
	0/6			Type				
	Office Sought: House Disburser Senate		Gonoral		250.00			
	President	Primary Other (spec	General ify) ▼		Manage to			
	State: District:		, ,		Memo Item			
_	Full Name (Last, First, Middle Initial)							
В.	Friends of Jim Ananich Senate		Date of Disbursement					
	Mailing Address PO Box 16195				02 14	2019		
	•	State MI	Zip Code		FEC Identification N	lumber		
	Lansing Purpose of Disbursement	IVII	48901		С			
	Non-Federal Political Contribution			011	Transaction ID	· SB20 17205		
	Candidate Name			Category/		sbursement this Period		
	Office Sought: House Disburser	Type				500.00		
	Senate Sought.	Primary	General		4	000.00		
	President	Other (spec	sify)		Memo Item			
_	State: District:				Monio Rom			
_	Full Name (Last, First, Middle Initial)				Date of Disburseme	int		
Ο.	Friends of Jon Bumstead				M M / D D	/ Y Y Y Y		
	Mailing Address 106 W Allegan St.	02 14	2019					
	Ste 200	State	Zip Code		EEC Idontification N	lumbor		
	Lansing	MI	48933		FEC Identification N	umber		
	Purpose of Disbursement Non-Federal Political Contribution	011	С					
	Candidate Name	011 Category/	Transaction ID					
		AMOUNT OF EACH DIS	sbursement this Period					
	Office Sought: House Disburser					250.00		
	Senate President	Primary Other (spec	General					
	State: District:	Other (spec	ary) ▼		Memo Item			
Г	- <u>-</u> I							
5	SUBTOTAL of Disbursements This Page (optional)					1000.00		
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 OF 19				
ITEMIZED DISBURSEMENTS		parate schedule(s h category of the	(CILCON OIL)	<i>`</i> _ <i>_</i>			
		d Summary Page	21b 28a				
Any information popular from such Departs and Cha							
Any information copied from such Reports and Sta or for commercial purposes, other than using the r							
NAME OF COMMITTEE (In Full)							
MAXIM HEALTHCARE SERVICES IN	IC POLITI	CAL ACTION	COMMITTEE	E (MAXIM HEALTHCARE PAC)			
<u>/</u>							
Full Name (Last, First, Middle Initial)	Friends of Tom Barrett						
7" Flielius of Tolli Ballett	Friends of Tom Barrell						
Mailing Address PO BOX 121	Mailing Address PO BOX 121						
011	Ta	I					
City Charlotte	State MI	Zip Code 48813		FEC Identification Number			
Purpose of Disbursement		10010		C			
Non-Federal Political Contribution			011	Transaction ID : SB29.17208			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disbur	sement For:		Туре	250.00			
Senate Disbut	Primary	General		250.00			
President	Other (sp			Memo Item			
State: District:				Memo item			
Full Name (Last, First, Middle Initial)							
B. Friends of Triston Cole	Date of Disbursement						
Mailing Address PO BOX 102	Mailing Address PO BOX 102						
City	State	Zip Code		FEC Identification Number			
Mancelona Purpose of Disbursement	MI	49659		C			
Non-Federal Political Contribution	Non-Federal Political Contribution 011						
Candidate Name			Category/	Transaction ID : SB29.17213 Amount of Each Disbursement this Period			
			Type				
Office Sought: House Disbur	sement For:	General		500.00			
President	Other (sp						
State: District:		,,		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Jim Stamas for State Senate				Date of Disbursement			
Mailing Address 5915 Eastman Avenue	02 14 2019						
Suite 100				02 14 2013			
City	State	Zip Code		FEC Identification Number			
Midland Purpose of Disbursement	MI 48640						
Non-Federal Political Contribution		011	C				
Candidate Name Categor				Transaction ID : SB29.17204 Amount of Each Disbursement this Period			
Office Sought: House Disbursement For:				500.00			
Senate President	Primary Other (or	General					
State: District:	Other (sp	Jeony) ▼		Memo Item			
SUBTOTAL of Disbursements This Page (optional	l)		·····	1250.00			
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TOTAL This Period (last page this line number or	nlv)						

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 17 OF 19		
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		
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NAME OF COMMITTEE (In Full)						
$ \; angle$ MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION C	OMMITTEE	(MAXIM HEALTHCARE PAC)		
V F II N A F I A MILITARY						
Full Name (Last, First, Middle Initial) A. Larry Inman for State Penrocentati	Larry Inman for State Representative					
Larry minarrior State Representati	Date of Disbursement					
Mailing Address 8971 Crockett Rd.				02 14 2019		
City	Ctata	Zin Codo				
City Williamsburg	State MI	Zip Code 49690		FEC Identification Number		
Purpose of Disbursement				C		
Non-Federal Political Contribution			011	Transaction ID : SB29.17216		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburser	ment For:		Туре	500.00		
Senate	Primary	General		7 7 7		
President	Other (spec	cify) 🔻		Memo Item		
State: District:				L		
	Full Name (Last, First, Middle Initial)					
B. Lee Chatfield for State Representa	Date of Disbursement					
Mailing Address 2481 US 31 North	02 14 2019					
,	State MI	Zip Code		FEC Identification Number		
Levering Purpose of Disbursement	IVII	49755		C		
Non-Federal Political Contribution	011 Category/			Transaction ID : SB29.17203		
Candidate Name				Amount of Each Disbursement this Period		
Office Sought: House Disburser	mant Far		Туре	1000.00		
Office Sought: House Disburser Senate	Primary	General		1000.00		
President	Other (spec			Mama Itam		
State: District:				Memo Item		
Full Name (Last, First, Middle Initial)				Date of Disbursement		
C. Michigan House Democratic Fund	Michigan House Democratic Fund					
Mailing Address P.O. Box 16193	02 14 2019					
- Dox 10100	Maining Address 1.0. Box 10193					
,	State	Zip Code		FEC Identification Number		
Purpose of Disbursement	Lansing MI 48901 Purpose of Disbursement					
Non-Federal Political Contribution			011	Transaction ID : SB29.17166		
Candidate Name			Category/	Amount of Each Disbursement this Period		
200			Туре	750.00		
Office Sought: House Disburser Senate	ment For: Primary	General		750.00		
President	Other (spec					
State: District:	- (- -00	J, 4		Memo Item		
'						
SUBTOTAL of Disbursements This Page (optional)				2250.00		
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)						FOR LINE NUMBER: PAGE 18 OF 19				
ITEMIZED DISBURSEMENTS		Use sepa		ck only	y 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 nar									
$\sqrt{}$	NAME OF COMMITTEE (In Full)									
	MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION (COMMI	TTEE	: (MAXIM HEALTHCARE PAC)				
_	Full Name (Last, First, Middle Initial)		•			5 . (5:1				
A.	Michigan House Republican Camp	paign Co	mmittee ———			Date of Disbursement				
	Mailing Address P.O. Box 15035		T=			02 14 2019				
	City Lansing	State MI	Zip Code 48901			FEC Identification Number				
	Purpose of Disbursement	IVII	48901			C				
	Non-Federal Political Contribution				·	Transaction ID : SB29.17167				
	Candidate Name			Catego		Amount of Each Disbursement this Period				
	Office Sought: House Disburser	ment For:		Тур	e e	1000.00				
	Senate	Primary	General							
	President	Other (spec	cify) 🔻			Memo Item				
	State: District:									
_	Full Name (Last, First, Middle Initial)									
В.	Michigan Senate Democratic Func	nd				Date of Disbursement				
	Mailing Address P.O. Box 11111					02 14 2019				
	City	State	Zip Code			FFO Identification Number				
	Lansing	MI	48901			FEC Identification Number				
	Purpose of Disbursement Non-Federal Political Contribution		011			Transaction ID : SB29.17169				
	Candidate Name									
	Candidate Name			Catego Typo		Amount of Each Disbursement this Period				
	Office Sought: House Disburser	ment For:		Typ		750.00				
	Senate	Primary	Primary General			7 7				
	President	Other (spec	cify)			Memo Item				
_	State: District:									
C.	Full Name (Last, First, Middle Initial) Michigan Senate Republican Cam	paign Co	mmittee			Date of Disbursement				
						M M / D D / Y Y Y Y				
	Mailing Address P.O. Box 12023					02 14 2019				
	,	State	Zip Code			FEC Identification Number				
	Lansing Purpose of Disbursement	MI	48901							
	Non-Federal Political Contribution 011					C				
	Candidate Name				_	Transaction ID : SB29.17168 Amount of Each Disbursement this Period				
			Category/ Type							
		ment For:				1000.00				
	Senate	Primary	General							
	State: District:	Other (spec	city) 🔻			Memo Item				
	otato. District.									
5	SUBTOTAL of Disbursements This Page (optional)				▶	2750.00				
H										
I	OTAL This Period (last page this line number only))			▶					

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 19	OF 19	
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		
Any information copied from such Reports and State	mente may	not be sold or us				
or for commercial purposes, other than using the nati						
NAME OF COMMITTEE (In Full)						
$ \; angle$ MAXIM HEALTHCARE SERVICES INC	POLITION	CAL ACTION (COMMITTEE	: (MAXIM HEALTHCARE PAC	;)	
Full Name (Last, First, Middle Initial)						
A. Mike Mueller for State Representa	Date of Disbursement					
Mailing Address 6127 Lobdell Rd.	Mailing Address 6127 Lobdell Rd.					
City	State	Zip Code				
Linden	MI	48451		FEC Identification Number		
Purpose of Disbursement			011	C		
Candidate Name	Non-Federal Political Contribution				4	
Candidate Name			Category/ Type	Amount of Each Disbursement this	Period	
Office Sought: House Disburse	Office Sought: House Disbursement For: Senate Primary General			250.00		
Senate						
President	Other (sp	ecify) 🔻		Memo Item		
State: District: Full Name (Last, First, Middle Initial)						
B. Roger Victory for State Senate				Date of Disbursement		
Roger victory for State Seriate	M M / D D / Y Y Y	Y				
Mailing Address P.O. Box 562	02 14 2019					
City						
Hudsonville	City State Zip Code Hudsonville MI 49426					
Purpose of Disbursement	Purpose of Disbursement					
	Non-Federal Political Contribution 011					
Candidate Name	Category/	Amount of Each Disbursement this	Period			
Office Sought: House Disburse	Office Sought: House Disbursement For:					
Senate	Primary	General		7 7		
President	Other (spe	ecify)		Memo Item		
State: District:						
Full Name (Last, First, Middle Initial) C.				Date of Disbursement		
-	M M / D D / Y Y Y	Y				
Mailing Address						
City	Stato	Zip Code				
City	City State Zip Code			FEC Identification Number		
Purpose of Disbursement				C	1	
Condidate Name						
Candidate Name	Amount of Each Disbursement this	3 Period				
Office Sought: House Disbursement For:			Туре		$\neg \neg$	
Senate Primary Genera				4 1 4		
President	ent Other (specify) ▼			Memo Item		
State: District:	State: District:					
SUPTOTAL of Dichargements This David (and)				500	0.00	
SUBTOTAL of Disbursements This Page (optional).			······			
TOTAL This Period (last page this line number only	v)			12550	0.00	