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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autho	orized 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	CAL ACTION COMMIT	TEE (MAXIM HEALTHCARE P	AC)
<u> </u>				
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 RE	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)	(Non-Ele Year Onl	nly) 0 (M12) ection
April 15	Apr 2	0 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31	
Quarterly Report (C July 15 Quarterly Report (C	(C) 12-Day	Primary (12P)	General (12G) Runoff	(12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)	
January 31 Year-End Report (\)	/E) Election	on//	in the State of	
July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special	ıl (30S)
Termination Report (TER)	Election	on//	in the State of	
5. Covering Period 05		through 05	31 2018	
I certify that I have examined the	DeFronzo, Christopher, , ,	ny knowledge and belief it is t	rue, correct and complete.	
Signature of Treasurer	ronzo, Christopher, , ,	[Electronically Filed]	Date 06 13 / 2018	
NOTE: Submission of false, erron	eous, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C.	§ 30109
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

MAXIM HEALTHCARE SERVICES IN	NC POLITICAL ACTION COMMITTE	E (MAXIM HEALTHCARE PAC)
Report Covering the Period: From:	5 01 2018 To	95 31 2018
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		40386.90
(b) Cash on Hand at Beginning of Reporting Period	47747.26	
(c) Total Receipts (from Line 19)	3634.84	18100.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51382.10	58487.10
7. Total Disbursements (from Line 31)	15500.00	22605.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35882.10	35882.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multical	indidate committee. (see FEC FORM 1M)	
	For further information contact:	

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	1417.36	5254.28
(i) Itemized (use Schedule A)	1417.50	3234.20
(ii) Unitemized	2217.48	12845.92
(iii) TOTAL (add		10100.00
Lines 11(a)(i) and (ii)▶	3634.84	18100.20
(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		
Totals to Line 33, page 5)	3634.84	18100.20
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
3. All Loans neceived	4 4	7 7 7
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures	4 4	4 4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds	0.00	0.00
(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
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	3634.84	18100.20
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	3634.84	18100.20

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)		Caronaa Tour to Buto
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	200	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	8000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	5.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	5.00
Other Disbursements (Including		
Non-Federal Donations)	14500.00	14600.00
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	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))		
	15500.00	22605.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	15500.00	22605.00

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3634.84	18100.20
4. Total Contribution Refunds (from Line 28(d))	0.00	5.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3634.84	18095.20
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)					:	PAGE	6	OF	18
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12	!	
		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 Apperson, Kevin, D, , Date of Receipt Mailing Address 2235 Eutaw Place 2018 City Zip Code State Transaction ID: SA11AI.15876 MD **Baltimore** 21217 Amount of Each Receipt this Period FEC ID number of contributing C 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 600.00 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 2018 City State Zip Code Transaction ID: SA11AI.15889 MD Riva 21140 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 Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crawn, Susan, K, Date of Receipt Mailing Address 1045 Braewick Cir. NW 25 2018 City Zip Code State Transaction ID: SA11AI.15894 OH Massillon 44646 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Area VP Clinical Operations-1M Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 290.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

F	TOTT LINE HOMBET.						7	OF	18
(check only one)									
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cupples, Jason, R,, Date of Receipt Mailing Address 7831 Verona Dr 2018 City Zip Code State Transaction ID: SA11AI.15895 MI Byron Center 49315 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Director-Business Dev Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DePriest, Jarrod, , , Date of Receipt Mailing Address 2251 Wild Plains Circle 2018 City State Zip Code Transaction ID: SA11AI.15898 CA Rocklin 95765 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 Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Friedell, Andrew, , , Date of Receipt Mailing Address 7227 Lee Deforest Drive 25 2018 City Zip Code State Transaction ID: SA11AI.15904 MD Columbia 21046 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President - Govt Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: (check only one)					:	PAGE	8	OF	18
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	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 Gehman, Robert, K, , Jr Date of Receipt Mailing Address 229 Treherne Road 2018 City Zip Code State Transaction ID: SA11AI.15907 MD Lutherville 21093 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President - Finance Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 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 2018 City State Zip Code Transaction ID: SA11AI.15912 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) Maxim Healthcare Services Inc VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kelly, Bart, A, Date of Receipt Mailing Address 13715 Summer Hill Dr. 25 2018 City Zip Code State Transaction ID: SA11AI.15914 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Maxim Healthcare Services Inc Vice President-Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 280.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

Use separate schedule(s) for each category of the

	FOR LINE NUMBER:					PAGE	9	OF	18
FOR LINE NUMBER: (check only one) X 11a 11b 13 14									
	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 Langley, William, J,, Date of Receipt Mailing Address 302 Bennett Street 2018 City Zip Code State Transaction ID: SA11AI.15918 SC Mount Pleasant 29464 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 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. 2018 City State Zip Code Transaction ID: SA11AI.15919 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 Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 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 25 2018 City Zip Code State Transaction ID: SA11AI.15932 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 Regional VP of Clinical Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 576.80 Other (specify) 335.36 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

	FOR LINE NUMBER:					PAGE	 10	OF	18
(check only one) X 11a 11b									
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		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 Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2018 City Zip Code State Transaction ID: SA11AI.15946 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 560.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Riddle, Laura, J, , Date of Receipt Mailing Address 39 Blake Rd. 05 2018 City State Zip Code Transaction ID: SA11AI.15947 NH **Epping** 03042 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 Area Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 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)..... 1417.36 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LINE	NE NUMBER: PAGE 11 OF 18				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 28a	TOWN BETT.				
Any information copied from such Reports and Staten							
or for commercial purposes, other than using the name	ne and address of any politi	ical committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	POLITICAL ACTION	COMMITTEE	(MAXIM HEALTHCARE PAC)				
Full Name (Last, First, Middle Initial)			Date of Disbursement				
A. JOE MORELLE FOR CONGRESS			M M / D D / Y Y Y Y				
Mailing Address P.O. BOX 90914			05 02 2018				
City ROCHESTER	State Zip Code NY 14609		FEC Identification Number				
Purpose of Disbursement Political Contribution	,	044	C C00675108				
Candidate Name		011	Transaction ID : SB23.15974				
MORELLE, JOSEPH D, , ,		Category/ Type	Amount of Each Disbursement this Period				
	nent For: 2018		1000.00				
President	Primary General Other (specify) ▼		Memo Item				
State: NY District: 25 Full Name (Last, First, Middle Initial)							
B.			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address							
City	State Zip Code		FEC Identification Number				
Purpose of Disbursement			C				
Candidate Name							
		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursen			4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1				
Senate President	Primary General Other (specify)						
State: District:	Canon (openity)		Memo Item				
Full Name (Last, First, Middle Initial) C.			Date of Disbursement				
5 .			M M / D D / Y Y Y Y				
Mailing Address							
City	State Zip Code		FEC Identification Number				
Purpose of Disbursement			C				
Candidate Name		Ontonord	Amount of Each Disbursement this Period				
		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburser							
Senate President	Primary General Other (specify) ▼		П., .				
State: District:	x. (- J/ ¥		Memo Item				
,			1000.00				
SUBTOTAL of Disbursements This Page (optional)		·····•	1000.00				
TOTAL This Period (last page this line number only)			1000.00				

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S	CHEDULE B (FEC Form 3X)			FOR LINE	E NUMBER: PAGE 12 OF 18			
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(6)10010 0111				
			Summary Page	21b 28a				
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	for commercial purposes, other than using the nar							
	NAME OF COMMITTEE (In Full)							
$ \rangle$	MAXIM HEALTHCARE SERVICES INC	POLITIC	CAL ACTION (COMMITTE	E (MAXIM HEALTHCARE PAC)			
<u></u>	Full Name (Last, First, Middle Initial)					_		
Α.	Bill Schuette for Michigan	Date of Disbursement						
	Mailing Address PO Box 12337				05 04 2018			
	Walling Address 1 0 Box 12337				00 04 2010			
	,	State	Zip Code		FEC Identification Number			
	Lansing Purpose of Disbursement	MI	48901					
	Non-federal Political Contribution			011	C			
	Candidate Name			Category/	Transaction ID: SB29.15990 Amount of Each Disbursement this Period	d		
	0.5			Type		7		
	Office Sought: House Disburse Senate	ment For: Primary	General		1000.00			
	President	Other (spe			Mome Item			
	State: District:	, ,			Memo Item			
	Full Name (Last, First, Middle Initial)							
В.	Brian Calley for Michigan				Date of Disbursement			
	Mailing Address PO Box 16173				05 04 2018			
	City	State MI	Zip Code		FEC Identification Number			
	Lansing Purpose of Disbursement	IVII	48901		C			
	Non-federal Political Contribution			011	Transaction ID : SB29.15989			
	Candidate Name			Category/	Amount of Each Disbursement this Period	d		
	Office Sought: House Disburse	ment For:		Type	1000.00	٦		
	Senate Dispurse	Primary	General		1000.00			
	President	Other (spe	cify)		Memo Item			
_	State: District:					_		
C.	Full Name (Last, First, Middle Initial) Chris Afendoulis for State House				Date of Disbursement			
J .	Cinis Alendouis for State House				M M / D D / Y Y Y Y			
	Mailing Address 240 Edgehill Ave SE				05 04 2018			
	City	State	Zip Code			-		
	Grand Rapids	MI	49546		FEC Identification Number			
	Purpose of Disbursement Non-federal Political Contribution			044				
	Candidate Name			011	Transaction ID : SB29.15978	٩		
				Category/ Type	Amount of Each Disbursement this Period	a T		
	Office Sought: House Disburse	ment For:			1000.00			
	Senate	Primary	General					
	State: President State:	Other (spe	ecity) 🔻		Memo Item			
	2,50,700					_		
s	UBTOTAL of Disbursements This Page (optional)			·····	3000.00			
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 13 OF 18
ITEMIZED DISBURSEMENTS		arate schedule(s)	(check only	NOMBEL I.
		category of the Summary Page	21b	22 23 26 27
	Dotalica		28a	28b 28c x 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
MAXIM HEALTHCARE SERVICES INC	C POLITIC	AL ACTION (COMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)				
A. Committee to Elect Chris Greig				Date of Disbursement
Mailing Address PO Box 587		_		05 04 2018
City	State	Zip Code		FEC Identification Number
Farmington Purpose of Disbursement	MI	48332		
Non-federal Political Contribution			011	C
Candidate Name			Category/	Transaction ID : SB29.16000 Amount of Each Disbursement this Period
			Type	
	ement For:			250.00
Senate	Primary	General		
State: District:	Other (spec	сіту) 🔻		Memo Item
Full Name (Last, First, Middle Initial)				
B. Committee to Elect Donna Lasins	ki			Date of Disbursement
				M - M / D - D / Y - Y - Y
Mailing Address PO Box 7425		_		05 04 2018
City	State	Zip Code		FEC Identification Number
Ann Arbor Purpose of Disbursement	MI	48107		
Non-federal Political Contribution			011	C Specifical ID - ODGG 45000
Candidate Name			Category/	Transaction ID: SB29.15998 Amount of Each Disbursement this Period
			Type	
	ement For:	0		250.00
Senate President	Primary Other (spec	General		
State: District:	Other (spec	511 y)		Memo Item
Full Name (Last, First, Middle Initial)				
C. Committee to Elect Jason Wentwo	orth			Date of Disbursement
Mailing Address 6070 Grant Road				05 04 2018
City	State	Zip Code		FEC Identification Number
Farwell	MI	48622		
Purpose of Disbursement Non-federal Political Contribution			011	C
Candidate Name				Transaction ID : SB29.15991
			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:			500.00
Senate	Primary	General		
President	Other (spec	cify) 🔻		Memo Item
State: District:				
SUBTOTAL of Disbursements This Page (optional).				1000.00
COSTOTAL OF DISDUISEMENTS THIS Page (optional).	•••••		·····	4 4
TOTAL This Period (last page this line number only	y)			1

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 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 nam			
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC			
Full Name (Last, First, Middle Initial)			
A. Committee to Elect John Bizon for	Date of Disbursement		
Mailing Address 5420 A Beckley Road #349			05 04 2018
Battle Creek	State Zip Code MI 49015		FEC Identification Number
Purpose of Disbursement Non-federal Political Contribution Candidate Name		011	C Transaction ID : SB29.15979
		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify)		250.00
State: District:	(openity) v		Memo Item
Full Name (Last, First, Middle Initial) Committee to Elect Peter MacGreg Mailing Address 12759 W. Greenfield Road		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Grand Ledge	State Zip Code MI 48837		FEC Identification Number
Purpose of Disbursement Nonfederal Political Contribution	40001	011	C
Candidate Name		Category/ Type	Transaction ID: SB29.15984 Amount of Each Disbursement this Period
Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify)		1500.00
State: District:			Memo Item
Full Name (Last, First, Middle Initial) Compete Michigan	Date of Disbursement		
Mailing Address 113 W. Michigan Ave.	05 04 2018		
Jackson	State Zip Code MI 49201		FEC Identification Number
Purpose of Disbursement Non-federal Political Contribution Candidate Name	011 Category/	Transaction ID : SB29.15981 Amount of Each Disbursement this Period	
Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify) ▼		1000.00
State: District:			Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····	2750.00
TOTAL This Period (last page this line number only)			

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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 15 OF 18
	EMIZED DISBURSEMENTS		arate schedule(s)	(check only	TOWNER .
111			category of the Summary Page	21b	22 23 26 27
		Detailed		28a	28b 28c x 29 30b
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\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	MAXIM HEALTHCARE SERVICES INC	POLITIC	CAL ACTION (COMMITTEE	E (MAXIM HEALTHCARE PAC)
_	Full Name (Last, First, Middle Initial)				
Α.	CTE WINNIE BRINKS FOR STAT	E SENA	.TE		Date of Disbursement
	Mailing Address 2060 Osceola Drive SE		T=		05 04 2018
	City Grand Rapids	State MI	Zip Code 49506		FEC Identification Number
	Purpose of Disbursement		.5500		C
	Non-federal Political Contribution			011	Transaction ID : SB29.15992
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:		,,	500.00
	Senate President	Primary Other (spe	General cify) ▼		
	State: District:	, (Spo	- <i>31</i> - ♥		Memo Item
	Full Name (Last, First, Middle Initial)				
B.	David Knezek for State Senate				Date of Disbursement
	Mailing Address PO Box 867				05 04 2018
	,	State MI	Zip Code		FEC Identification Number
	Dearborn Heights Purpose of Disbursement	IVII	48127		C
	Non-federal Political Contribution			011	Transaction ID : SB29.15983
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Туре				500.00
	Office Sought: House Disburse Senate	ment For: Primary	General		500.00
	President	Other (spe			п.,
	State: District:	(- 50	,,		Memo Item
_	Full Name (Last, First, Middle Initial)				
C.	Friends of Brian Elder				Date of Disbursement
	Mailing Address PO Box 66				05 04 7 2018
	City	State	Zip Code		FEC Identification Number
	Bay City Purpose of Disbursement	MI	48707		
	Non-federal Political Contribution			011	C
	Candidate Name			Category/	Transaction ID : SB29.15996 Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:		Туре	250.00
	Senate Stagnis	Primary	General		4 4
	President	Other (spe			Memo Item
_	State: District:				I monto non
s	UBTOTAL of Disbursements This Page (optional)				1250.00
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NAME OF COMMITTEE (In Full)	and dadress or t	arry pontious		Constitution from Such Committee.	
MAXIM HEALTHCARE SERVICES IN	C POLITICAL AC	CTION CO	MMITTEE	(MAXIM HEALTHCARE PAC)	
				()	
Full Name (Last, First, Middle Initial)					
A. Friends of Jim Ananich Senate				Date of Disbursement	
Mailing Address PO Box 16195				05 04 2018	
Mailing Address 1 0 box 10133				2010	
City	State Zip Co	ode		FEC Identification Number	
Lansing	MI 4890)1			
Purpose of Disbursement Non-federal Political Contribution		lг	011	C	
Candidate Name				Transaction ID : SB29.16004	
		'	Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburs	ement For:		71	500.00	
Senate	Primary 0	General			
President	Other (specify) ▼			Memo Item	
State: District:					
Full Name (Last, First, Middle Initial) B. Gretchen Whitmer for Governor				Date of Disbursement	
5. Gretchen willther for Governor				M M / D D / Y Y Y	
Mailing Address PO Box 15282				05 04 2018	
City	State Zip Co			FEC Identification Number	
Lansing Purpose of Disbursement	1011 4090			С	
Non-federal Political Contribution			011	Transaction ID : SB29.16006	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Office Country	Туре			1000.00	
Office Sought: House Disburs Senate	ement For: Primary 0	General		1000.00	
President	Other (specify)	Jeneral		п	
State: District:				Memo Item	
Full Name (Last, First, Middle Initial)					
C. Jim Stamas for State Senate				Date of Disbursement	
Mailing Address 5045 5				M M / D D / Y Y Y Y	
Mailing Address 5915 Eastman Avenue Suite 100				05 04 2018	
City	State Zip Co	ode		FEC Identification Number	
Midland	MI 4864	40			
Purpose of Disbursement Non-federal Political Contribution		I	011	C	
Candidate Name			011	Transaction ID : SB29.16002	
		(Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburs	ement For:		.,,,,	500.00	
Senate	Primary	General			
President	Other (specify) ▼			Memo Item	
State: District:				_	
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SUBTOTAL of Disbursements This Page (optional)			<u> </u>	7 7 7	
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 17 OF 18
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check onl	<i></i>
		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	CAL ACTION C	OMMITTE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial) A. Lee Chatfield for State Representa	ativo			Date of Disbursement
Lee Chamela for State Represente	alive			M M / D D / Y Y Y Y
Mailing Address 2481 US 31 North				05 04 2018
Cit.	Otata	Zin Codo		
City Levering	State MI	Zip Code 49755		FEC Identification Number
Purpose of Disbursement				C
Non-federal Political Contribution			011	Transaction ID : SB29.15993
Candidate Name		'	Category/	Amount of Each Disbursement this Period
Office Sought: House Disburse	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)				Date of Dishumanast
B. Margaret O'Brien for State Senate	!			Date of Disbursement
Mailing Address PO Box 2318				05 04 2018
,	State MI	Zip Code		FEC Identification Number
Portage Purpose of Disbursement	IVII	49081		C
Non-federal Political Contribution			011	Transaction ID : SB29.15982
Candidate Name			Category/	Amount of Each Disbursement this Period
Office Coughts House	Type	1000.00		
Office Sought: House Disburse	ment For: Primary	General		1000.00
President	Other (spec			Mama Ham
State: District:				Memo Item
Full Name (Last, First, Middle Initial)				
C. Michigan House Democratic Fund				Date of Disbursement
Mailing Address P.O. Box 16193				05 04 2018
,	State	Zip Code		FEC Identification Number
Lansing Purpose of Disbursement	MI	48901		C
Non-federal Political Contribution			011	Transaction ID : SB29.15986
Candidate Name			Category/	Amount of Each Disbursement this Period
			Type	500.00
Office Sought: House Disburse Senate	ment For:	Conoral		500.00
President	Primary Other (spec	General Cify) ▼		п.,
State: District:	- Ci.i.o. (opo.	<i>⊆y</i> , <i>↓</i>		Memo Item
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SUBTOTAL of Disbursements This Page (optional)				2000.00

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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 18 OF 18
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
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or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
MAXIM HEALTHCARE SERVICES INC	POLITIC	CAL ACTION C	OMMITTEE	E (MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)				
A. Michigan House Republican Camp	oaign Co	ommittee		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 15035				05 04 2018
,	State MI	Zip Code 48901		FEC Identification Number
Lansing Purpose of Disbursement	IVII	46901		
Non-federal Political Contribution			011	C
Candidate Name			Category/	Transaction ID : SB29.15985 Amount of Each Disbursement this Period
			Type	1000.00
Office Sought: House Disburser Senate	ment For: Primary	General		1000.00
President	Other (spe			Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				B . (B)
B. Michigan Senate Democratic Func	d			Date of Disbursement
Mailing Address P.O. Box 11111				05 04 2018
City	State	Zip Code		FEC Identification Number
Lansing Purpose of Disbursement	MI	48909		
Non-federal Political Contribution			011	C
Candidate Name			Category/	Transaction ID : SB29.15988 Amount of Each Disbursement this Period
			Type	500.00
Office Sought: House Disburser Senate	ment For: Primary	General		500.00
President	Other (spe			П.,
State: District:				Memo Item
Full Name (Last, First, Middle Initial)				
C. Michigan Senate Republican Cam	paign Co	ommittee		Date of Disbursement
Mailing Address P.O. Box 12023				05 04 2018
City	State	Zip Code		FEC Identification Number
Lansing	MI	48901		
Purpose of Disbursement Nonfederal Political Contribution			011	Transaction ID : SB29.15987
Candidate Name			Category/	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For:		Туре	1000.00
Senate	Primary	General		7 7
President	Other (spe	ecify) 🔻		Memo Item
State: District:				_
SUBTOTAL of Disbursements This Page (optional)			·····	2500.00
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