PAGE 1 / 21

**FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For For	Other Than An Autr	iorizea Committe	ee		Office Use Only
1. NAME OF TYP COMMITTEE (in full)	E OR PRINT ▼	Example: If typing over the lines.	ng, type	12FE4M5	
MAXIM HEALTHCARE SE	RVICES INC POLIT	ICAL ACTION (	COMMITTE	EE (MAXIM	HEALTHCARE PAC)
ADDRESS (number and street)	227 Lee Deforest Drive				
Check if different					
than previously reported. (ACC)	Columbia 			MD L	21046
2. FEC IDENTIFICATION NUMB	ER ▼ CIT	Y <b>A</b>	S	STATE <b>A</b>	ZIP CODE ▲
C C00558932	3. IS		NEW (N) <b>OR</b>	AME (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)	H	0 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3)	Jun 20 (M6)	Sep 2	0 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 2	20 (M4)	Jul 20 (M7)	Oct 20	O (M10) Jan 31 (YE)
July 15	(c) 12-Day  PRE-Election	Primary (12F	P)	General (1	2G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (	(12C)	Special (1	2S)
Quarterly Report (Q3)  January 31  Year-End Report (YE)	Election	n on	D   D /	Y I Y I Y I Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (300	G)	Runoff (30	R) Special (30S)
Termination Report (TER)	Report for the:  Election	n on	D = D /	Y Y Y Y Y	in the State of
5. Covering Period 04	01 2020	through	M M 04	30	2020
I certify that I have examined this R		my knowledge and	belief it is true	e, correct and	complete.
Type or Print Name of Treasurer	Estes, Kirstyn, , ,				
Signature of Treasurer  Estes, Kirs	styn, , ,	[Electronicall	y Filed] Da	ate 05	14 2020
NOTE: Submission of false, erroneous	, or incomplete information	may subject the per	son signing thi	s Report to the	penalties of 52 U.S.C. § 30109
Office Use Only					FEC FORM 3X Rev. 05/2016

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a	Cash on Hand January 1, 2020		21498.93
(b	Cash on Hand at Beginning of Reporting Period	30194.99	
(c	Total Receipts (from Line 19)	3293.36	13989.42
(d	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33488.35	35488.35
To	tal Disbursements (from Line 31)	18000.00	20000.00
Re	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	15488.35	15488.35
th	ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations Owed BY e Committee (Itemize all on chedule C and/or Schedule D)	0.00	

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11. Contributions (other than loans) From:	Total Tris Period	Calendar fear-to-Date				
(a) Individuals/Persons Other						
Than Political Committees						
(i) Itemized (use Schedule A)	1227.36	3382.08				
(ii) Unitemized	2066.00	10607.34				
(iii) TOTAL (add						
Lines 11(a)(i) and (ii)▶	3293.36	13989.42				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
(such as PACs)(d) Total Contributions (add Lines	4	3.00				
11(a)(iii), (b), and (c)) (Carry						
Totals to Line 33, page 5)	3293.36	13989.42				
2. Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
3. All Loans Received	0.00	0.00				
3. All Loans Heceived	4 4	4 4				
4. Loan Repayments Received	0.00	0.00				
5. Offsets To Operating Expenditures						
(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	200				
Political Committees	0.00	0.00				
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00				
8. 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				
(6) 10111 1111111111111111111111111111111	4 4	4 4				
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	3293.36	13989.42				
0. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	3293.36	13989.42				

#### **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)	.5 1110 1 51154	Jaionaa Tear-to-bate		
(i) Federal Share		0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4 4	4 4 4		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))  Transfers to Affiliated/Other Party	0.00	0.00		
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	4 4			
and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E)		0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00		
(32 0.5.C. § 30116(d)) (use Schedule F)		0.00		
	45 45 45 45 45 45 45 45 45 45 45 45 45 4			
Loan Repayments Made	0.00	0.00		
Loans Made		0.00		
Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	4 4	4 4		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	000			
(such as PACs)(d) Total Contribution Refunds		0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
(add 1.1100 20(a), (b), and (0),	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	18000.00	20000.00		
Federal Election Activity (52 U.S.C. § 3 (a) Allocated Federal Election Activity	0101(20))			
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
		7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1		
(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		
	4 4	0.00		
Total Disbursements (add Lines 21(c), 2	22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c)	) 18000.00	20000.00		
Total Federal Disbursements	72 72 75	7 7		
(subtract Line 21(a)(ii) and Line 30(a)(ii	)			
from Line 31)		222222		
/	10000.00	20000.00		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

( )		3			
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)	. 3293.36	13989.42			
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	. 3293.36	13989.42			
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

FOR LINE NUMBER:					:	PAGE	6	OF	21
(0	che	ck only	or	ne)					
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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 Apperson, Kevin, D, , Date of Receipt Mailing Address 2235 Eutaw Place 2020 City Zip Code State Transaction ID: SA11AI.18713 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 510.00 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 04 2020 2807 City State Zip Code Transaction ID: SA11AI.18732 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) ▼ 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Diaz, Matthew, M, Date of Receipt Mailing Address 4910 Regal Court 24 2020 City State Zip Code Transaction ID: SA11AI.18733 CA Rocklin 95765 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 Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 360.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

F	FOR LINE NUMBER:					PAGE	7	OF	21	
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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 Friedell, Andrew, , , Date of Receipt Mailing Address 523A Epping Forrest Rd 2020 City Zip Code State Transaction ID: SA11AI.18741 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) Sr. VP Strategic Solutions Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gehman, Robert, K, , Jr Date of Receipt Mailing Address 229 Treherne Road 04 2020 City State Zip Code Transaction ID: SA11AI.18743 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) Maxim Healthcare Services Inc SVP. - Continuous Improvement Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 340.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Hughes, Laura, L, Date of Receipt Mailing Address 19914 Gunpowder Road 24 2020 City Zip Code State Transaction ID: SA11AI.18747 MD Manchester 21102 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 VP of Medicare West & Central Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 320.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

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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 2020 City Zip Code State Transaction ID: SA11AI.18755 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) Sr. VP Chief Medical Officer Maxim Healthcare Services Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lanier, Laura, K,, Date of Receipt Mailing Address 650 Heartwood Dr. 04 2020 City State Zip Code Transaction ID: SA11AI.18756 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) ▼ 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Middleton, Deeley, C, Date of Receipt Mailing Address 213 St Dunstans Road 24 2020 City Zip Code State Transaction ID: SA11AI.18767 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 CCO & Sr. VP of Quality, Safety Receipt For: Aggregate Year-to-Date ▼ Primary General 490.28 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	9	OF	21
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Raney, Michael, , , Date of Receipt Mailing Address 300 Vale Drive 2020 City Zip Code State Transaction ID: SA11AI.18778 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) Maxim Healthcare Services Inc Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 476.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Riddle, Laura, J, , Date of Receipt Mailing Address 39 Blake Rd. 04 2020 City State Zip Code Transaction ID: SA11AI.18780 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) ▼ 425.00 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)..... 1227.36 TOTAL This Period (last page this line number only).....

S	CHEDULE B (FEC Form 3X)			EOD LINE	NUMBER: PAGE 10 OF 21		
	EMIZED DISBURSEMENTS		arate schedule(s)	(check only	NOMBELL.		
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	ly 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 (	COMMITTEE	(MAXIM HEALTHCARE PAC)		
_	Full Name (Last, First, Middle Initial)				5. (5:1		
Α.	Beau Lafave for State Representation  Mailing Address W8025 Millie Hill Estates Dr.	tive			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
		04-4-	7: 0 - 1 -		04 10 2020		
	City Iron Mountain	State MI	Zip Code 49801		FEC Identification Number		
	Purpose of Disbursement				C		
	Non-Federal Political Contribution			011	Transaction ID : SB29.18844		
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For:			250.00		
	Senate President	Primary	General				
	State: District:	Other (spec	ony) ▼		Memo Item		
_	Full Name (Last, First, Middle Initial)						
В.	Ben Frederick for State Represent	ative			Date of Disbursement		
	Mailing Address 600 N. Water		04 10 7 2020				
	,	State	Zip Code		FEC Identification Number		
	Owosso Purpose of Disbursement	MI	48867				
	Non-Federal Political Contribution			011	C		
	Candidate Name			Category/	Transaction ID: SB29.18843 Amount of Each Disbursement this Period		
	Office County			Type	250.00		
	Office Sought: House Disburser Senate	ment For: Primary	General		250.00		
	President	Other (spec					
_	State: District:				Memo Item		
_	Full Name (Last, First, Middle Initial)				Data of Dishursoment		
U.	Chatfield Majority Fund 3				Date of Disbursement		
	Mailing Address PO Box 1013				04 10 7 2020		
	,	State	Zip Code		FEC Identification Number		
	East Lansing Purpose of Disbursement	MI	48826				
	Non-Federal Political Contribution			011	Transaction ID : SP20 49942		
	Candidate Name			Category/	Transaction ID: SB29.18842 Amount of Each Disbursement this Period		
	Office Sought: House Disburser	ment For:		Туре	500.00		
	Senate	Primary	General		4 4		
	President	Other (spec	cify) 🔻		Memo Item		
_	State: District:				ш		
s	UBTOTAL of Disbursements This Page (optional)				1000.00		
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S	CHEDULE B (FEC Form 3X)	llaa	wata aabtot-()	FOR LINE	NUMBER: PAGE 11 OF 21				
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only		26 27			
			Summary Page	21b 28a	22 23 28c 3	26 27 29 30b			
Ar	ny information copied from such Reports and Stater	nents may n	not be sold or us			•			
	for commercial purposes, other than using the nan								
	NAME OF COMMITTEE (In Full)								
$ \rangle$	MAXIM HEALTHCARE SERVICES INC	POLITICA	AL ACTION (	COMMITTEE	(MAXIM HEALTI	HCARE PAC)			
<u></u>	Full Name (Last, First, Middle Initial)			İ					
A.	Citizens for Steve Marino				Date of Disburseme	ent			
					M M / D D	/			
	Mailing Address 37884 Lakeshore Dr.				04 10 2020				
	,	State	Zip Code		FEC Identification Number				
	Harrison Twp.  Purpose of Disbursement	MI	48045		C				
	Non-Federal Political Contribution			011					
	Candidate Name			Category/	Transaction ID Amount of Each Di	sbursement this Period			
	0/6	<del></del>		Type					
	Office Sought: House Disburser Senate	ment For: Primary	General			150.00			
	President	Other (spec			Memo Item				
	State: District:				Memo Item				
	Full Name (Last, First, Middle Initial)	_							
В.	Committee to Elect Donna Lasinsk	(i			Date of Disbursem	_			
	Mailing Address PO Box 7425				04 10	2020			
	City Ann Arbor	State MI	Zip Code 48107		FEC Identification I	Number			
	Purpose of Disbursement	1411	40107		С				
	Non-Federal Political Contribution	011			Transaction ID	: SB29.18832			
	Candidate Name			Category/		sbursement this Period			
	Office Sought: House Disburser	ment For:		Туре		500.00			
	Senate	Primary	General						
	President	Other (spec	ify)		Memo Item				
_	State: District:								
C.	Full Name (Last, First, Middle Initial)  Committee to Elect Dr. John Bizon				Date of Disburseme	ent			
					M M / D D	/ Y = Y = Y			
	Mailing Address 5420 A Beckley Road #349				04 10	2020			
	City	State	Zip Code		EEO Idankii	Number			
	Battle Creek	MI	49015		FEC Identification I	vuiiDei			
	Purpose of Disbursement Non-Federal Political Contribution			011	C				
	Candidate Name				Transaction ID	sbursement this Period			
				Category/ Type	Amount of Each Di	Soursement this Fellou			
		ment For:				250.00			
	Senate President	Primary Other (spec	General						
	State: District:	Office (apec	'''y/ ▼		Memo Item				
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8	SUBTOTAL of Disbursements This Page (optional)			·····•		900.00			
Γ.	OTAL This Pariod (last page this line number and)								
Ι'	<b>'OTAL</b> This Period (last page this line number only)	٠							

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedu		-		
TI LIVIIZED DIGBONGLIVIEN IS	for each category of Detailed Summary Pa	the   ` ┌┌ <sub>21b</sub> ´	22 23 26 27 28b 28c <b>x</b> 29 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 ACTIO	ON COMMITTEE	(MAXIM HEALTHCARE PAC)		
Full Name (Last, First, Middle Initial)  A. Committee to Elect Gregory J. Mar	kkanen		Date of Disbursement		
Mailing Address 743 Hancock St.			04 10 2020		
Hancock	State Zip Code MI 49930		FEC Identification Number		
Purpose of Disbursement Non-Federal Political Contribution  Candidate Name		011 Category/	Transaction ID : SB29.18840 Amount of Each Disbursement this Period		
	nent For: Primary Gene Other (specify) ▼	Type	250.00  Memo Item		
State: District:  Full Name (Last, First, Middle Initial)					
B. Committee to Elect Jason Wentwo	rth		Date of Disbursement		
Mailing Address 6070 Grant Road	04 10 2020				
City Farwell Purpose of Disbursement		FEC Identification Number			
Non-Federal Political Contribution  Candidate Name		011 Category/ Type	Transaction ID : SB29.18839 Amount of Each Disbursement this Period		
	nent For: Primary Gene Other (specify)	ral	1000.00  Memo Item		
Full Name (Last, First, Middle Initial)  C. Committee to Elect John Chirkun S	State Representa	tive	Date of Disbursement		
Mailing Address 31229 Merrily Rd.			04 10 2020		
Roseville	State Zip Code MI 48066		FEC Identification Number		
Purpose of Disbursement Non-Federal Political Contribution  Candidate Name	011 Category/ Type	Transaction ID: SB29.18838 Amount of Each Disbursement this Period			
	nent For: Primary Gene Other (specify)	1	150.00 Memo Item		
State: District:					
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)		<u> </u>	1400.00		

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s	FOR LINE (check only		
	for each category of the Detailed Summary Page	1 ` 🖂 21h ´	22 23 26 27 28b 28c <b>x</b> 29 30b	
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) MAXIM HEALTHCARE SERVICES INC	POLITICAL ACTION	COMMITTEE	: (MAXIM HEALTHCARE PAC)	
Full Name (Last, First, Middle Initial)  A. Committee to Elect Joseph Tate			Date of Disbursement	
Mailing Address 192 Lenox St.			04 10 2020	
Detroit	State Zip Code MI 48215		FEC Identification Number	
Purpose of Disbursement Non-Federal Political Contribution  Candidate Name		011 Category/	Transaction ID : SB29.18830 Amount of Each Disbursement this Period	
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼	Type	250.00 Memo Item	
State: District:  Full Name (Last, First, Middle Initial)  B. Committee to Elect Mark Huizenga  Mailing Address 3841 Butterworth St. SW		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Walker Purpose of Disbursement Non-Federal Political Contribution Candidate Name	State Zip Code MI 49534	011 Category/	FEC Identification Number  C  Transaction ID: SB29.18837  Amount of Each Disbursement this Period	
Office Sought:  House Senate President State:  Disburser  Disburser	ment For: Primary General Other (specify)	Туре	250.00 Memo Item	
	•			
Mailing Address 7258 Beverly Dr.  City	State Zip Code		04 10 2020  FEC Identification Number	
South Haven Purpose of Disbursement Non-Federal Political Contribution Candidate Name	MI 49090	011 Category/ Type	Transaction ID : SB29.18836 Amount of Each Disbursement this Period	
Office Sought: House Disburser Senate	ment For: Primary General Other (specify)		500.00 Memo Item	

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SCHEDULE B (FEC Form 3X)			FOR LINE	LINE NUMBER: PAGE 14 OF 21		
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only			
		Summary Page	21b 28a	22 23 28b 28c		
Any information copied from such Reports and State	ments may r	not he sold or use			<b>~</b>   •   •   •	
or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
$ \; angle$ MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION C	OMMITTEE	(MAXIM HEA	LTHCARE PAC)	
Full Name (Last, First, Middle Initial)						
A. Committee to Elect Peter MacGree	gor for St	ate Senate		Date of Disburs	sement	
Mailing Address 12759 W. Greenfield Road				04 / D	10 2020	
City	State	Zip Code				
Grand Ledge	MI	48837		FEC Identificati	on Number	
Purpose of Disbursement Non-Federal Political Contribution			011	C		
Candidate Name			011	Transactio	n ID : SB29.18835	
Candidate Marile			Category/ Type	Amount of Eac	h Disbursement this Period	
Office Sought: House Disburse	ment For:		- 7   -		250.00	
Senate	Primary	General				
State: District:	Other (spec	cify) 🔻		Memo Item	l	
Full Name (Last, First, Middle Initial)						
B. Committee to Elect Thomas A Albe	ert			Date of Disburs	sement	
Mailling Address	M M / D D / Y Y Y Y					
Mailing Address 30 Flat River Drive SE				04	10 2020	
City Lowell	State MI	Zip Code 49331		FEC Identificati	on Number	
Purpose of Disbursement	ose of Disbursement					
Non-Federal Political Contribution  Candidate Name  Category/				Transaction ID : SB29.18834 Amount of Each Disbursement this Period		
						Office Sought: House Dishurse
	4-1-					
President	President Other (specify)				l	
State: District:				Memo Item		
Full Name (Last, First, Middle Initial)  C. Committee to Elect Tommy Brann				Date of Disburs	sement	
					D / Y Y Y Y Y	
Mailing Address 4335 56th St. SW				04	10 2020	
City	State	Zip Code		FEC Identificati	on Number	
Wyoming	MI	49418			OIT INUITIDE!	
Purpose of Disbursement Non-Federal Political Contribution		011	C	ID 0000 10000		
Candidate Name			Category/		n ID: SB29.18828 h Disbursement this Period	
			Type		050.00	
Office Sought: House Disburse Senate	ment For: Primary	General			250.00	
President	Other (spec			П.,		
State: District:	(Sp30	*/ <b>*</b>		Memo Item		
					1000.00	
SUBTOTAL of Disbursements This Page (optional)			······•		1000.00	
TOTAL This Period (last page this line number only	)		_			

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EMIZED DISBURSEMENTS	for anah	Use separate schedule(s) for each category of the		one)
		Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b
ny information copied from such Reports and State r for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)  MAXIM HEALTHCARE SERVICES INC	C POLITIC	AL ACTION C	OMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)  Committee to Elect Tyrone Carter	,			Date of Disbursement
Mailing Address 25701 W Outer Dr.				04 10 2020
City Detroit	State MI	Zip Code 48217		FEC Identification Number
Purpose of Disbursement Non-Federal Political Contribution  Candidate Name			011	Transaction ID : SB29.18833
Senate	ement For:	General	Category/ Type	Amount of Each Disbursement this Period 150.00
State: President  District:	Other (spec	cify) 🔻		Memo Item
Full Name (Last, First, Middle Initial)  CTE Winnie Brinks for Senate  Mailing Address 2060 Osceola Drive SE		Date of Disbursement  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
Grand Rapids Purpose of Disbursement Non-Federal Political Contribution	49506	011	С	
Candidate Name		-		Transaction ID: SB29.18827  Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President State: District:	Primary Other (spec	General Cify)		250.00 Memo Item
Full Name (Last, First, Middle Initial)  - Curt Vanderwall for State Senate				Date of Disbursement
Mailing Address 4906 Rasmussen Rd.				04 10 2020
City Ludington	State MI	Zip Code 49431		FEC Identification Number
Purpose of Disbursement Non-Federal Political Contribution  Candidate Name			011 Transaction	Transaction ID: SB29.18826 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General	71	250.00
State: District:		-, -		Memo Item

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	FOR LINE (check only	v one) 22 23 26 27
Any information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)				
MAXIM HEALTHCARE SERVICES INC	POLITIC	AL ACTION C	OMMITTEE	(MAXIM HEALTHCARE PAC)
Full Name (Last, First, Middle Initial)  A: Friends of Greg Vanwoerkom  Mailing Address 6490 Boulder Drive				Date of Disbursement  O4 10 2020
	State	Zip Code		
City Norton Shores Purpose of Disbursement	MI	49444		FEC Identification Number
Non-Federal Political Contribution  Candidate Name			011 Category/	Transaction ID : SB29.18825 Amount of Each Disbursement this Period
Office Sought:  House Senate President State:  Disburse	ement For: Primary Other (spec	General	Type	250.00 Memo Item
Full Name (Last, First, Middle Initial)  5. Friends of Jim Ananich Senate  Mailing Address PO Box 16195		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 Lansing Purpose of Disbursement Non-Federal Political Contribution Candidate Name	State MI	Zip Code 48901	011	FEC Identification Number  C  Transaction ID : SB29.18824
	ement For: Primary Other (spec	General	Category/ Type	Amount of Each Disbursement this Period  500.00  Memo Item
Full Name (Last, First, Middle Initial) Friends of Jon Bumstead  Mailing Address 2186 E. 72nd St.			Date of Disbursement  O4 10 2020	
City	State	Zip Code 49337		FEC Identification Number
Newaygo Purpose of Disbursement Non-Federal Political Contribution Candidate Name	e of Disbursement Federal Political Contribution		011 Category/ Type	Transaction ID: SB29.18823 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General General	-1	250.00 Memo Item

SCHEDULE B (FEC Form 3X)					FOR LINE NUMBER: PAGE 17 OF 21		
ITEMIZED DISBURSEMENTS		Use separate schedule(s)		(check only one)			
			category of the Summary Page	21b	22 23 26 27		
		Dotalica	cannary rage	28a	28b 28c <b>x</b> 29 30b		
					on for the purpose of soliciting contributions o solicit contributions from such committee.		
k	OF COMMITTEE (In Full)						
MAXI	M HEALTHCARE SERVICES INC	POLITIC	AL ACTION (		(MAXIM HEALTHCARE PAC)		
_	me (Last, First, Middle Initial)						
A. Frien	nds of Mari Manoogian				Date of Disbursement		
	Address 1100 Westboro				04 10 2020		
City	hom	State MI	Zip Code		FEC Identification Number		
Birming Purpose	nam e of Disbursement	IVII	48009		C		
	ederal Political Contribution			011	Transaction ID : CR20 19922		
Candida	ate Name			Category/	Transaction ID: SB29.18822 Amount of Each Disbursement this Period		
Office S	Sought: House Disburse	ement For:		Туре	150.00		
Onice C	Senate	Primary	General		7 7 7		
	President	Other (spec			Memo Item		
State:	District:	-					
_	me (Last, First, Middle Initial)						
B. Frier	nds of Tom Barrett				Date of Disbursement		
Mailing	ailing Address 720 Mitchell St.				04 10 7 2020		
City		State					
Pottervi	ille	MI	Zip Code 48876		FEC Identification Number		
Purpose	Purpose of Disbursement Non-Federal Political Contribution  Candidate Name  Category/ Type  Office Sought: House Disbursement For:				С		
					Transaction ID : SB29.18819		
Candida					Amount of Each Disbursement this Period		
Office S					250.00		
	Senate	Primary	General		4 4		
	President Other (specify)				Memo Item		
State:	District:				<u> </u>		
_	me (Last, First, Middle Initial)				Date of Disbursement		
					M = M / D = D / Y = Y = Y		
Mailing	Address 106 W. Allegan St. Ste 200				04 10 2020		
City		State	Zip Code		FEC Identification Number		
Lansing	g of Disbursement	MI	48933				
	e of Disbursement ederal Political Contribution			011	C		
Candida	ate Name		Category/		Transaction ID: SB29.18820  Amount of Each Disbursement this Period		
				Type			
Office S		ement For:			250.00		
	Senate President	Primary Other (spec	General				
State:	District:	Outer (spec	ony) ▼		Memo Item		
	L						
SUBTOTA	AL of Disbursements This Page (optional).			······	650.00		
TOTAL T	his Period (last page this line number only	/)					

SCHEDULE B (FEC Form 3X)		Llas congreto cohodula(s)		FOR LINE NUMBER: PAGE 18 OF 21			
IT	EMIZED DISBURSEMENTS	biodoliocitical for each category of the 1 ' —		1 ` — '	check only one) 21 22 23 26 27		
			Summary Page	21b 28a		7 0b	
Ar	ny information copied from such Reports and Staten	nents may n	ot be sold or us	ed by any perso		ributions	
	for commercial purposes, other than using the name						
$  \setminus $	NAME OF COMMITTEE (In Full)	DOLUTIO:	AL ACTION (			C)	
/	MAXIM HEALTHCARE SERVICES INC	POLITICA	AL ACTION (	JOIMINITTEE	(MAXIM HEALTHCARE PA	.C)	
	Full Name (Last, First, Middle Initial)						
Α.	Gretchen Whitmer for Governor				Date of Disbursement		
	Mailing Address PO Box 15282				04 10 2020		
	City	State	Zip Code		FEC Identification Number		
	Lansing	MI	48901			-	
	Purpose of Disbursement Non-Federal Political Contribution			011	C		
	Candidate Name			Category/	Transaction ID: SB29.18818 Amount of Each Disbursement th		
				Type			
	Office Sought: House Disburser		0		200	00.00	
	Senate President	Primary Other (spec	General ifv) ▼		п		
	State: District:	(-	,, <b>,</b>		Memo Item		
Ξ	Full Name (Last, First, Middle Initial)						
B.	Jeff Irwin for State Senate	Date of Disbursement					
	Mailing Address 2542 Bellwood Ave.				04 10 2020		
	,	State MI	Zip Code 48104		FEC Identification Number		
	Ann Arbor Purpose of Disbursement	IVII	46104		С	7	
	Non-Federal Political Contribution			011	Transaction ID : SB29.18815		
	Candidate Name			Category/	Amount of Each Disbursement this Period		
	Office Sought: House Disburser	ment For		Туре	15	50.00	
	Senate	Primary	General		7 7	40	
		Other (spec	ify)		Memo Item		
_	State: District:						
C.	Full Name (Last, First, Middle Initial)  Jim Stamas for State Senate				Date of Disbursement		
•					M M / D D / Y Y Y Y		
	Mailing Address 5915 Eastman Avenue Suite 100				04 10 2020	)	
		State	Zip Code		CCC Identification Number		
	Midland	MI	48640		FEC Identification Number	-	
	Purpose of Disbursement Non-Federal Political Contribution			011	C		
	Candidate Name			Category/	Transaction ID: SB29.18814 Amount of Each Disbursement th		
		Amount of Each Blood of Months and	ilo i cilod				
	Senate President	Primary Other (spec	General ifv) ▼		п.,		
	State: District:	(opoo	:: <b>J</b> / ▼		Memo Item		
Г	'						
S	SUBTOTAL of Disbursements This Page (optional)	·····		······	26	50.00	
Γ,	OTAL This Period (last page this line number only)						
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 19 OF 21				
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	TOMBET.			
	for each category of the Detailed Summary Page	21b	22 23 26 27			
	Joiding Carrillary 1 age	28a	28b 28c <b>x</b> 29 30b			
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	POLITICAL ACTION	COMMITTEE	(MAXIM HEALTHCARE PAC)			
Full Name (Last, First, Middle Initial)			Date of Dishawarana			
A. Maxim Healthcare NJ PAC			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 7227 Lee Deforest Drive			04 01 2020			
City Columbia	State Zip Code MD 21046		FEC Identification Number			
Purpose of Disbursement	21040		C			
Non-Federal Political Contribution		011	Transaction ID : SB29.18802			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disbursel	ment For:	1 .75-2	3000.00			
Senate President	Primary General Other (specify) ▼					
State: District:	Carol (opoolly)		Memo Item			
Full Name (Last, First, Middle Initial)						
B. Michigan House Democratic Fund						
Mailing Address P.O. Box 16193	ailing Address P.O. Box 16193					
City	City State Zip Code					
Lansing	MI 48901		FEC Identification Number			
Purpose of Disbursement Non-Federal Political Contribution	011	C				
Candidate Name	Transaction ID : SB29.18813 Amount of Each Disbursement this Period					
	Indidate Name Category/ Type					
Office Sought: House Disbursel	ment For:	1 .75-2	500.00			
Senate	Primary General		7 7 7			
President State: District:	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)						
c. Michigan House Republican Camp	paign Committee		Date of Disbursement			
Mailing Address P.O. Box 15035			04 10 / 2020			
City	State Zip Code		FEC Identification Number			
Lansing Purpose of Disbursement	MI 48901					
Non-Federal Political Contribution		011	Transaction ID : SB29.18816			
Candidate Name	Candidate Name					
Office Sought: House Disburser	Typ  Office Sought: House Disbursement For:					
Senate Seagni.	Primary General		1500.00			
President	Other (specify) ▼		Memo Item			
State: District:			Wollo Relli			
CURTOTAL of Dishurance This Base (1.11)			5000.00			
SUBTOTAL of Disbursements This Page (optional)		······	7			
TOTAL This Period (last page this line number only)	)		1			

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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 20 OF 21		
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check onl			
		Summary Page	21b 28a			
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	COMMITTE	E (MAXIM HEALTHCARE PAC)		
Full Name (Last, First, Middle Initial)				5 . (5:1		
A. Michigan Senate Democratic Fund				Date of Disbursement  04  10  2020		
Mailing Address 215 S. Washington Sq. Suite E				04 10 2020		
,	State	Zip Code		FEC Identification Number		
Lansing Purpose of Dishurasment	MI	48933				
Purpose of Disbursement Non-Federal Political Contribution			011	C		
Candidate Name				Transaction ID : SB29.18812		
			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbursem	nent For:	I		750.00		
Senate	Primary	General				
	Other (spec	eify) 🔻		Memo Item		
				_		
Full Name (Last, First, Middle Initial)  B. Michigan Senate Republican Camp	oian Ca	mmittaa		Date of Disbursement		
2. Michigan Senate Republican Camp	aigh CC	mmuee		M M / D D / Y Y Y		
Mailing Address P.O. Box 12023				04 10 2020		
City	State	Zip Code		FEC Identification Number		
Lansing Purpose of Disbursement	MI	48901				
Non-Federal Political Contribution  Candidate Name  Category/ Type				C		
				Transaction ID: SB29.18808  Amount of Each Disbursement this Period		
				Autour of East Bisbarcement this Forica		
Office Sought: House Disburserr				1500.00		
	Primary	General				
President State: District:	Other (spec	шу)		Memo Item		
Full Name (Last, First, Middle Initial)						
C. Mike Mueller for State Representat	ive			Date of Disbursement		
Mailing Address 6127 Lobdell Rd.				04 10 2020		
City	State	Zip Code		FEC Identification Number		
Linden  Purpose of Dishursement	MI	48451				
Non-Federal Political Contribution				Transaction ID : SB29.18811		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbursem	nent For:		.,,,,	250.00		
	Primary	General				
President	Other (spec	eify) ▼		Memo Item		
State: District:				П		
SUBTOTAL of Disbursements This Page (optional)			······	2500.00		
TOTAL This Period (last page this line number only).						

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 21 OF 21		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)					
II LIVIIZED DIODONOLIVILIVIO		for each category of the Detailed Summary Page		22 23 26 27		
	Detailed		28a	28b 28c <b>x</b> 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)		71				
MAXIM HEALTHCARE SERVICES INC	POLITIC	CAL ACTION (		E (MAXIM HEALTHCARE PAC)		
Full Name (Last, First, Middle Initial)				D (D)		
A. Roger Victory for State Senate				Date of Disbursement  04 10 2020		
Mailing Address P.O. Box 562		T		04 10 2020		
City Hudsonville	State MI	Zip Code 49426		FEC Identification Number		
Purpose of Disbursement		70720		C		
Non-Federal Political Contribution			011	Transaction ID : SB29.18809		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:		.,,,,	250.00		
Senate	Primary	General				
President State: District:	Other (spe	cify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)						
B.	Tuli Name (Last, Tilst, Midule Ililliai)					
				M - M / D D / Y - Y - Y		
Mailing Address	Mailing Address					
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement				C		
Candidate Name	Candidate Name					
Cat				Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:		Type			
Senate	Primary	General				
President State: District:	Other (spe	cify)		Memo Item		
Full Name (Last, First, Middle Initial)						
C.				Date of Disbursement		
Mailing Address				M M / D D / Y Y Y Y		
City	State	Zip Code		EEC Identification Number		
·				FEC Identification Number		
Purpose of Disbursement		C				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:					
Senate	Primary	General				
State: District:	Other (spe	city) 🔻		Memo Item		
otate. District.						
SUBTOTAL of Disbursements This Page (optional)				250.00		
				7 7 7		
TOTAL This Period (last page this line number only	·)			18000.00		