

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Renaissance Health Service Corporation Political Action Committee

ADDRESS (number and street) P.O. Box 293 Okemos MI 48864 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00450288 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2018 through 06 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Lantz, Richard, , , Type or Print Name of Treasurer

Signature of Treasurer Lantz, Richard, , , [Electronically Filed] Date 07 / 13 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		100920.06
(b) Cash on Hand at Beginning of Reporting Period.....	100920.06	
(c) Total Receipts (from Line 19)	7950.00	7950.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	108870.06	108870.06
7. Total Disbursements (from Line 31).....	20250.00	20250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	88620.06	88620.06
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 multicandidate 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

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From: / / To: / /

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		
(i) Itemized (use Schedule A).....	7550.00	7550.00
(ii) Unitemized	400.00	400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7950.00	7950.00
(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 Totals to Line 33, page 5)	7950.00	7950.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(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)).....▶	7950.00	7950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7950.00	7950.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8950.00	8950.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations).....	11300.00	11300.00
30. 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 Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20250.00	20250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20250.00	20250.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7950.00	7950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7950.00	7950.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Renaissance Health Service Corporation Political Action Committee

A. Comar, Terence, R., , D.D.S.,M.S
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10704 Sudan
 City Portage State MI Zip Code 49002-7369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Terence R. Comar DDS, MS Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : 24514353
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mittelbrun, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2207 Greenan Ct
 City Lake Orion State MI Zip Code 48362-2184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Electrical Contractors Associ Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : 24514354
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Joseph, Erick, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11929 Sand Dollar Cir
 City Indianapolis State IN Zip Code 46256-9683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Renaissance Electronic Services, LLC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : 24514384
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. Seitz, C., Richard, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3898 Crooked Creek
 City Okemos State MI Zip Code 48864-3793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : 24514385
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Simmons, Robert, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10644 Redvale Rd
 City Highlands Ranch State CO Zip Code 80126-8031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NA Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : 24514387
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Cox, Phillip, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 Tulley Cove
 City Little Rock State AR Zip Code 72223-4629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HoganTaylor LLP Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : 24514388
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. Williams, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 844 Pebblebrook Lane
 City East Lansing State MI Zip Code 48823-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan Education Special Services As Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : 24514389
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Lopez, Edward, J, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1727 Valdez Drive, NE
 City Albuquerque State NM Zip Code 87112-4857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delta Dental of New Mexico Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : 24514390
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Mazzoni, Orin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37531 Dunganren Ct.
 City Northville State MI Zip Code 48167-9024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orin Jewelers Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : 24514391
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. Miller, Terri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45471 Amherst Dr.
 City Novi State MI Zip Code 48374-3112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MI Auto Insurance Placement Facility Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2018
Transaction ID : 24514392
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hallan, James, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2490 Overglen Ct.
 City East Lansing State MI Zip Code 48823-9475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MI Retailers Association Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2018
Transaction ID : 24514393
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Breza, John, , , D.D.S.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52539 Southdown
 City Shelby Township State MI Zip Code 48316-3458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John A Breza, D.D.S. Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2018
Transaction ID : 24514394
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. Baker, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 134 Airport Road
 City Waterford State MI Zip Code 48327-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Perpetua Parish Occupation (for Individual) Pastor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : 24514395
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Ladig, Curt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2709 Full Cir.
 City Raleigh State NC Zip Code 27613-3699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delta Dental of North Carolina Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2018
Transaction ID : 24533119
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Mulligan, Robert, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1955 Trowbridge High St
 City Carmel State IN Zip Code 46032-7221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Renaissance Life & Health Insurance Co Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2018
Transaction ID : 24533120
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pinto, Joseph, F, , DDS

Mailing Address 46830 Danbridge

City Plymouth	State MI	Zip Code 48170-3013
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2018

Transaction ID : 24533121

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	7550.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tina Smith for Minnesota

Mailing Address 1140 3rd Street NE, Suite 20

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Smith, Tina, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MN District:

Date of Disbursement
MM / DD / YYYY
04 / 02 / 2018

FEC Identification Number
C
Transaction ID : 24381598
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. John Moolenaar for Congress

Mailing Address P.O. Box 2192

City Midland State MI Zip Code 48640

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Moolenaar, John, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MI District: 04

Date of Disbursement
MM / DD / YYYY
04 / 02 / 2018

FEC Identification Number
C
Transaction ID : 24381599
Amount of Each Disbursement this Period
250.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Bacon for Congress

Mailing Address 35 North Fourth Street, Suite 100

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Bacon, Kevin, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OH District: 00

Date of Disbursement
MM / DD / YYYY
04 / 02 / 2018

FEC Identification Number
C
Transaction ID : 24381600
Amount of Each Disbursement this Period
500.00
Contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stabenow Victory Fund

Mailing Address PO Box 4462

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2018

FEC Identification Number

C

Transaction ID : 24484255

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Greimel for Congress

Mailing Address PO Box 700

City
Troy

State
MI

Zip Code
48099

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: District: 00

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2018

FEC Identification Number

C

Transaction ID : 24486498

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Balderson For Congress

Mailing Address 2931 E. Dublin-Granville Road, Sui

City
Columbus

State
OH

Zip Code
43231

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2018

FEC Identification Number

C

Transaction ID : 24528683

Amount of Each Disbursement this Period

1200.00

Contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7200.00

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

8950.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee to Elect Fred Strahorn

Mailing Address 531 Belmont Park N. #1001

City
Dayton

State
OH

Zip Code
45405-4749

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Strahorn, Fred, , OH Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 24381601

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Nickie J. Antonio

Mailing Address 1305 Belle Avenue

City
Lakewood

State
OH

Zip Code
44107

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Antonio, Nickie, , OH Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 24381607

Amount of Each Disbursement this Period

[REDACTED] 350.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. LaTourette for Ohio

Mailing Address P.O. Box 76

City
Chagrin Falls

State
OH

Zip Code
44022

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

LaTourette, Sarah, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 24381608

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 1350.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Sandra Williams

Mailing Address 12518 Fairhill Rd.

City Cleveland State OH Zip Code 44120

Purpose of Disbursement Contribution

Category/Type

Candidate Name Williams, Sandra, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	8

FEC Identification Number

Transaction ID : 24381609
 Amount of Each Disbursement this Period

 Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Obhof

Mailing Address 5206 Crown Pointe Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement Contribution

Category/Type

Candidate Name Obhof, Larry, , OH Sen.,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	8

FEC Identification Number

Transaction ID : 24381610
 Amount of Each Disbursement this Period

 Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Kenny Yuko

Mailing Address 479 Pierson Dr.

City Richmond Heights State OH Zip Code 44143

Purpose of Disbursement Contribution

Category/Type

Candidate Name Yuko, Kenny, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	8

FEC Identification Number

Transaction ID : 24381617
 Amount of Each Disbursement this Period

 Contribution
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cecil Thomas Senate Committee

Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Thomas, Cecil, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24381618
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Ryan Smith

Mailing Address 63 Cedar St.

City Gallipolis State OH Zip Code 45631

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Smith, Ryan, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24381619
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Tom Patton

Mailing Address 17157 Rabbit Run Dr

City Strongsville State OH Zip Code 44136

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Patton, Tom, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24381620
Amount of Each Disbursement this Period

Contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Romanchuk for State Rep

Mailing Address 3306 Oakstone Dr.

City Mansfield State OH Zip Code 44903

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Romanchuk, Mark, , OH Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
04 / 02 / 2018

FEC Identification Number

Transaction ID : 24381621
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Emilia Sykes Campaign

Mailing Address 109 N. Howard St., #A

City Akron State OH Zip Code 44308

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Sykes, Emilia, , OH Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
04 / 02 / 2018

FEC Identification Number

Transaction ID : 24381622
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Brigid Kelly

Mailing Address 4353 Montgomery Road

City Norwood State OH Zip Code 45212

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Kelly, Brigid, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
04 / 02 / 2018

FEC Identification Number

Transaction ID : 24381623
Amount of Each Disbursement this Period

Contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens with Ashford

Mailing Address 2910 Collingwood Blvd.

City Toledo State OH Zip Code 43610

Purpose of Disbursement Contribution

Category/Type

Candidate Name Ashford, Mike, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	8

FEC Identification Number

Transaction ID : 24381624
 Amount of Each Disbursement this Period

 Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

B. Jack Cera for State Representative

Mailing Address 63899 Violet Ln.

City Bellaire State OH Zip Code 43906

Purpose of Disbursement Contribution

Category/Type

Candidate Name Cera, Jack, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	8

FEC Identification Number

Transaction ID : 24381625
 Amount of Each Disbursement this Period

 Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

C. Ohio House Republican Organizational Committee

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	8

FEC Identification Number

Transaction ID : 24381626
 Amount of Each Disbursement this Period

 Contribution
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Seitz for Ohio		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address 4401 Abby Court		FEC Identification Number C [] Transaction ID : 24437824
City Cincinnati	State MI	Zip Code 45248
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Seitz, William, , OH Sen.,		Amount of Each Disbursement this Period [] 500.00 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Team Burke		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address 275 W. 4th Street		FEC Identification Number C [] Transaction ID : 24437825
City Marysville	State OH	Zip Code 43040
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Burke, Dave, , OH Sen.,		Amount of Each Disbursement this Period [] 500.00 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Nathan Manning for Ohio		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address 7064 Avon Belden Road		FEC Identification Number C [] Transaction ID : 24437826
City North Ridgeville	State OH	Zip Code 44039
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Manning, Nathan, , ,		Amount of Each Disbursement this Period [] 350.00 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1350.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for Hottinger

Mailing Address 2135 Horns Hill Road

City Newark State OH Zip Code 43055

Purpose of Disbursement Contribution

Category/Type

Candidate Name Hottinger, Jay, , OH Sen.,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2018

FEC Identification Number

Transaction ID : 24437827
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Matt Dolan

Mailing Address 2206 Superior Viaduct, Suite 401

City Cleveland State OH Zip Code 44113

Purpose of Disbursement Contribution

Category/Type

Candidate Name Dolan, Matt, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2018

FEC Identification Number

Transaction ID : 24437828
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Boggs for Ohio

Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Category/Type

Candidate Name Boggs, Kristin, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2018

FEC Identification Number

Transaction ID : 24437829
 Amount of Each Disbursement this Period

 Contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for Tavares

Mailing Address 1003 Cloverly Dr

City Gahanna State OH Zip Code 43230

Purpose of Disbursement
Void - Citizens for Tavares

011

Candidate Name

Tavares, Charleta, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 24474190

Amount of Each Disbursement this Period

[REDACTED] - 350.00

Void - Citizens for Tavares

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Larry Householder

Mailing Address 138 E. High St.

City Glenford State OH Zip Code 43739

Purpose of Disbursement
Void - Friends of Larry Householder

011

Candidate Name

Householder, Larry, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 24474191

Amount of Each Disbursement this Period

[REDACTED] - 350.00

Void - Friends of Larry Householder

Memo Item

Full Name (Last, First, Middle Initial)

C. Steve Huffman for Ohio

Mailing Address 331 South Market St.

City Troy State OH Zip Code 45373

Purpose of Disbursement
Void - Steve Huffman for Ohio

011

Candidate Name

Huffman, Stephen, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 24474192

Amount of Each Disbursement this Period

[REDACTED] - 350.00

Void - Steve Huffman for Ohio

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] - 1050.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve Huffman for Ohio

Mailing Address 331 South Market St.

City Troy State OH Zip Code 45373

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Huffman, Stephen, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 24474195
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of George Lang

Mailing Address 7727 Foxboro Drive

City West Chester State OH Zip Code 45069

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 24528681
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Ohio House Democratic Caucus

Mailing Address 340 East Fulton

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 24528682
Amount of Each Disbursement this Period

Contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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