

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
Check if different than previously reported. (ACC) Okemos MI 48864

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [07] / [01] / [2019] through [12] / [31] / [2019]

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 [01] / [31] / [2020]

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="2019"/>		98370.06
(b) Cash on Hand at Beginning of Reporting Period.....	94711.55	
(c) Total Receipts (from Line 19)	29500.00	37650.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	124211.55	136020.06
7. Total Disbursements (from Line 31).....	21450.00	33258.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	102761.55	102761.55
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).....	29350.00	32100.00
(ii) Unitemized	150.00	550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	29500.00	32650.00
(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)	29500.00	32650.00
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	5000.00
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)).....▶	29500.00	37650.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	29500.00	37650.00

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.....	0.00	9308.51
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).....	21450.00	23950.00
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)) ..	21450.00	33258.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21450.00	33258.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	29500.00	32650.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29500.00	32650.00
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 23
<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

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. Smith, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 E. 4th Street
 City Newport State KY Zip Code 41071-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Resource Solutions Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10767724
 Amount of Each Receipt this Period
 1500.00
 Memo Item

B. Moffit, Timothy, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10703 Sudan St.
 City Portage State MI Zip Code 49002-7347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kalamazoo College Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 13905936
 Amount of Each Receipt this Period
 2100.00
 Memo Item

C. Beck, Victor, , , DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3189 Oak Hill Farm Road
 City Columbia State TN Zip Code 38401-8529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Victor Beck, DDS 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
 12 / 31 / 2019
Transaction ID : 16427828
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4100.00
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 23
	<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. Stahl, James, R., , DDS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29544 Duxbury Ln.

City Perrysburg	State OH	Zip Code 43551-3412
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : 19766633

Amount of Each Receipt this Period
3550.00

Memo Item

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

Mailing Address 1967 Woodlands Place

City Powell	State OH	Zip Code 43065-7461
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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 ▼
3350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : 22503505

Amount of Each Receipt this Period
3350.00

Memo Item

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

Mailing Address 1332 Alexandria Pkwy SE

City Canton	State OH	Zip Code 44709-4845
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Employers Health	Occupation (for Individual) Chief Marketing Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : 22504816

Amount of Each Receipt this Period
2100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	9000.00
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 8 OF 23
	<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. Callahan, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 S. Clubhouse Drive
 City Rogers State AR Zip Code 72758-9563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vestar Capital Partners Occupation (for Individual) senior advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 22504819
 Amount of Each Receipt this Period
 1250.00
 Memo Item

B. Bean, Canise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1407 Haddon Road
 City Columbus State OH Zip Code 43209-3103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ohio State University Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 22766298
 Amount of Each Receipt this Period
 2100.00
 Memo Item

C. LoCascio, Moira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4225 Black Sycamore Drive
 City Charlotte State NC Zip Code 28226-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McLaughlin Young Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 22766299
 Amount of Each Receipt this Period
 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4600.00
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 9 OF 23
	<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. Timmons, Poe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7171 Temperance Point Street
 City Westerville State OH Zip Code 43082-8707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jenis Splendid Ice Creams Occupation (for Individual) EVP, COO, and CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 22766300
 Amount of Each Receipt this Period 2100.00
 Memo Item

B. Choate, Ed, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 361 Pippinpost Dr.
 City Conway State AR Zip Code 72034-5526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delta Dental of Arkansas Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 25111323
 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 **07 / 31 / 2019**
Transaction ID : 25111324
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3100.00
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 23
<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. 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
 07 / 31 / 2019
Transaction ID : 25111325
 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
 07 / 31 / 2019
Transaction ID : 25111331
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Wenk, Philip, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Venture Cir
 City Nashville State TN Zip Code 37228-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delta Dental of Tennessee 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
 07 / 31 / 2019
Transaction ID : 25111332
 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 11 OF 23
<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. Cornwell, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Central Ct
 City Pewee Valley State KY Zip Code 40056-8902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starfish Consulting Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 25111333
 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 **08 / 01 / 2019**
Transaction ID : 25115827
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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 **08 / 16 / 2019**
Transaction ID : 25177105
 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 12 OF 23
	<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. Collazo, Mel, , , D.D.S.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. 21822
 City Little Rock State AR Zip Code 72212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1250.00**

Date of Receipt **08 / 30 / 2019**
Transaction ID : 25205824
 Amount of Each Receipt this Period **1250.00**
 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 **1250.00**

Date of Receipt **09 / 05 / 2019**
Transaction ID : 25208485
 Amount of Each Receipt this Period **750.00**
 Memo Item

C. Buzaki, Frank, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2708 Ariels Way
 City Akron State OH Zip Code 44312-5959
 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 **3550.00**

Date of Receipt **12 / 31 / 2019**
Transaction ID : 7030676
 Amount of Each Receipt this Period **3550.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5550.00
TOTAL This Period (last page this line number only).....	29350.00

**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. Citizens for Richard Brown

Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Brown, Richard, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Seitz for Ohio

Mailing Address 4401 Abby Court

City Cincinnati State OH Zip Code 45248

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Seitz, William, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. OLBC Political Action Fund

Mailing Address 545 E. Town St.

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
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 Ohio

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement Mark Romanchuk, STATE HOUSE OH

Category/Type

Candidate Name Romanchuk, Mark, , ,

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

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2019

FEC Identification Number

Transaction ID : 25209876
 Amount of Each Disbursement this Period

 Mark Romanchuk, STATE HOUSE OH
 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 Contributions

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 Y Y
 09 / 11 / 2019

FEC Identification Number

Transaction ID : 25211272
 Amount of Each Disbursement this Period

 Contributions
 Memo Item

Full Name (Last, First, Middle Initial)

C. 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
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2019

FEC Identification Number

Transaction ID : 25214713
 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. Matt Huffman for Ohio

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43200

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Huffman, Matt, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Stephanie Kunze

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Kunze, Stephanie, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Matt Dolan

Mailing Address 2206 Superior Viaduct, Suite 401

City Cleveland State OH Zip Code 44113

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Dolan, Matt, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
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 Obhof

Mailing Address 5206 Crown Pointe Drive

City
Medina

State
OH

Zip Code
44256

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Obhof, Larry, , OH Sen.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : 25250930

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. O'Brien for Ohio

Mailing Address 545 E. Town St.

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

O'Brien, Sean, , ,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : 25250931

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens to Elect Allison Russo

Mailing Address 1850 Tewksbury Road

City
Columbus

State
OH

Zip Code
43221

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Russo, Allison, , ,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : 25250932

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] 2000.00

[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)

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<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

011
Category/
Type

Candidate Name
Thomas, Cecil, , ,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 23 / 2019

FEC Identification Number
C
Transaction ID : 25250933
Amount of Each Disbursement this Period
500.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends to Elect Terrence Upchurch

Mailing Address 1426 Clearaire Road

City Cleveland State OH Zip Code 44110

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Upchurch, Terrence, , ,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 23 / 2019

FEC Identification Number
C
Transaction ID : 25250934
Amount of Each Disbursement this Period
500.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Republican Senate Campaign Committee

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

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
M M / D D / Y Y Y Y Y Y
11 / 08 / 2019

FEC Identification Number
C
Transaction ID : 25283348
Amount of Each Disbursement this Period
2500.00
Contribution

Memo Item

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

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

3500.00

**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. Ohio Senate Democrats

Mailing Address 545 E. Town St.

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

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : 25283349

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Seitz for Ohio

Mailing Address 4401 Abby Court

City
Cincinnati

State
MI

Zip Code
45248

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Seitz, William, , 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
11			08			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : 25283350

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Hearcel F. Craig

Mailing Address 545 E Town Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Craig, Hearcel, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : 25286008

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

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

[REDACTED] 2000.00

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

[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 to Elect Jessica Miranda

Mailing Address 1238 W. Kemper Rd

City Cincinnati State OH Zip Code 45240

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Miranda, Jessica, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 25 / 2019

FEC Identification Number

Transaction ID : 25287752
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 25 / 2019

FEC Identification Number

Transaction ID : 25287753
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Peterson for Good Government

Mailing Address 5564 Grassy Branch Road

City Sabina State OH Zip Code 45169

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Peterson, Bob, , OH Sen.,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 23 / 2019

FEC Identification Number

Transaction ID : 25327826
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. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 25327827
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. 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 : 25327828
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Team Burke

Mailing Address 275 W. 4th Street

City Marysville State OH Zip Code 43040

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Burke, Dave, , OH Sen.,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 25327829
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)

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<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. Brinkman Campaign Committee

Mailing Address 3215 Hardisty Ave.

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Brinkman, Thomas, , OH Rep., Jr.**

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

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2019

FEC Identification Number

Transaction ID : 25327830
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2019

FEC Identification Number

Transaction ID : 25327831
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Haraz Ghanbari for Ohio

Mailing Address 26811 Dogwood Lane

City Perrybsburg State OH Zip Code 43551

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 Y Y
 12 / 23 / 2019

FEC Identification Number

Transaction ID : 25327832
 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. LaRe for Ohio

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name LaRe, Jeff, , ,

Office Sought: House Senate President State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement 12 / 23 / 2019

FEC Identification Number C Transaction ID : 25327833 Amount of Each Disbursement this Period 500.00 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Mark Fraizer

Mailing Address 20 W North St

City Newark State OH Zip Code 43055

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name Fraizer, Mark, , ,

Office Sought: House Senate President State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement 12 / 23 / 2019

FEC Identification Number C Transaction ID : 25327834 Amount of Each Disbursement this Period 500.00 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Gil Blair

Mailing Address 1698 Laura Lane

City Mineral Ridge State OH Zip Code 44440

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name Blair, Gil, , ,

Office Sought: House Senate President State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement 12 / 23 / 2019

FEC Identification Number C Transaction ID : 25327835 Amount of Each Disbursement this Period 300.00 Contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional) 1300.00
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. Friends of Bride Rose Sweeney

Mailing Address 3632 W 133rd St

City Cleveland State OH Zip Code 44111

Purpose of Disbursement Contribution

Category/
Type

Candidate Name
Sweeney, Bride, Rose, ,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 23 / 2019

FEC Identification Number

Transaction ID : 25327836
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Lanese for Ohio

Mailing Address 260 N Cassady Ave

City Columbus State OH Zip Code 43209

Purpose of Disbursement Contribution

Category/
Type

Candidate Name
Lanese, Laura, , ,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 26 / 2019

FEC Identification Number

Transaction ID : 25328146
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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