Image# 14978059384 PAGE 1 / 12

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	Totalor India	All Authorized				Office Use Only
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼		mple: If typir r the lines.	ig, type	12FE4M5	
Renaissance Health Ser	rvice Corpora	ntion Political	Action Co	ommittee		
<u> </u>						
ADDRESS (number and street)	P.O. Box 293					
Check if different						
than previously reported. (ACC)	Okemos				MI L	48864
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦		;	STATE A	ZIP CODE ▲
C C00450288		3. IS THIS REPORT	\ <u>\</u>	IEW N) <b>OR</b>	AN (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)		lun 20 (M6)	Η.	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		Apr 20 (M4)		lul 20 (M7)	-	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Ele		Primary (12P		General	
October 15 Quarterly Report (Q3)	Report f	ior trie.	Convention (	120)	Special (	123)
January 31 Year-End Report (YE)		Election on	M = M /	D D /	Y   Y   Y   Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-E		General (30G	i)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Tiopoit i	Election on	M = M /	D D /	Y	in the State of
5. Covering Period 07	/ D D / Y	2014	through	M M 09	30 /	2014
I certify that I have examined this	Report and to the	e best of my kno	wledge and b	pelief it is tru	e, correct and	d complete.
Type or Print Name of Treasurer	Richard Lantz					
Signature of Treasurer Richard	! Lantz		[Electronically	Filed]	vate 10	/ 03 / Y Y Y Y Y Y 2014
NOTE: Submission of false, erroneo	us, or incomplete i	nformation may su	bject the pers	on signing th	nis Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From: 07 17 2014 To: 09 30 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		74442.59
	(b) Cash on Hand at Beginning of Reporting Period	71956.77	
	(c) Total Receipts (from Line 19)	17055.92	25820.10
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89012.69	100262.69
7.	Total Disbursements (from Line 31)	1750.00	13000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	87262.69	87262.69
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### Renaissance Health Service Corporation Political Action Committee

Covering the Period: From: 07	17 2014 To:	09 30 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
tributions (other than loans) From:	,	
	17050.00	23350.00
(i) Itemized (use Schedule A)	17050.50	7
(ii) Unitemized	0.00	1400.00
Lines 11(a)(i) and (ii)	17050.00	24750.00
Political Party Committees	0.00	0.00
Other Political Committees (such as PACs)	0.00	0.00
Total Contributions (add Lines		
Totals to Line 33, page 5)▶	17050.00	24750.00
ry Committees	0.00	0.00
_oans Received	0.00	0.00
n Repayments Received	0.00	0.00
ets To Operating Expenditures		
funds, Rebates, etc.)		
rry Totals to Line 37, page 5)	0.00	0.00
unds of Contributions Made		, , , , , , , , , , , , , , , , , , , ,
ederal Candidates and Other		
tical Committees	0.00	1050.00
er Federal Receipts		
· · · · · · · · · · · · · · · · · · ·	5.92	20.10
	,	
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	tributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	tributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures:  (a) Allocated Federal/Non-Federal		Calcillati i Cal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) New Federal Observ	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	1250.00	10950.00
Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use Scriedule F)	7	0.00
Loan Repayments Made	0.00	0.00
Ē	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
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
(444 21105 25(4), (5), 414 (6))	7	7
Other Disbursements	500.00	2050.00
_		
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	3.00	
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	7	
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1750.00	13000.00
,,,,,,,,,,	1700.00	13000.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1750.00	13000.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	17050.00	24750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17050.00	24750.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOR LINE NUMBER:				PAGE		6	OF		12	
(check only one)										
X	11a		11b		11c		12	!		
	13		14		15		16	;		17

or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Renaissance Health Service	Corporation Political Action Commit	tee
Full Name (Last, First, Middle Initial)  Paul Carruth		Date of Receipt
Mailing Address 8416 Seagate Drive		08 01 2014
City Raleigh	State Zip Code NC 27615-4433	Transaction ID : 21932695  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-employed	Occupation Attorney	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	Contribution
Full Name (Last, First, Middle Initial)  Mel Collazo D.D.S.  Mailing Address P.O. 21822		Date of Receipt
City	State Zip Code	08 01 2014 Transaction ID : 21932696
Little Rock	AR 72212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1400.00
Name of Employer Self-employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1400.00	Contribution
Full Name (Last, First, Middle Initial)  C. John Collier Jr.		Date of Receipt
Mailing Address 401 Brierwood Dr.		08 01 2014
City Columbia	State Zip Code TN 38401-2202	Transaction ID : 21932697  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Maury Regional Hospital	Assistant Administrator	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	Contribution
SUBTOTAL of Receipts This Page (optional	1)	2900.00
TOTAL This Period (last page this line num	nber only)	

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

| FOR LINE NO (check only of the International Internat

FOR LINE	NUMBER	:	PAGE	7	OF	12
(check only	one)					
X 11a	11b		11c	12		
13	14		15	16		17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Renaissance Health Service	Corporation Political Action Commit	tee			
Full Name (Last, First, Middle Initial)  A. Olivia Kirtley		Date of Receipt			
Mailing Address 3971 Gulf Shore Blvd.,N A		08 01 2014			
City Naples	State Zip Code FL 34103-2105	Transaction ID : 21932699  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer N/A	Occupation Retired				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Contribution			
Full Name (Last, First, Middle Initial)  3. Susan F Smith		Date of Receipt			
Mailing Address 2420 North Taylor					
City	State Zip Code AR 72207-3625	Transaction ID: 21932700			
Little Rock	122. 3023	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1400.00			
Name of Employer	Occupation	1			
Metopolitan National Bank	Senior EVP/COO	_			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	Contribution			
Full Name (Last, First, Middle Initial)  C. Frank Buzaki Jr.	<u> </u>	Date of Receipt			
Mailing Address 3767 Heartwood St., NW		08 08 2014			
City Uniontown	State Zip Code OH 44685-8603	Transaction ID : 21944061  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	350.00			
Name of Employer	Occupation	†			
United Steelworkers	President	_			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General  Other (specify) ▼	350.00	Contribution			
SUBTOTAL of Receipts This Page (optional	)	2750.00			
TOTAL This Period (last page this line num	ber only)				

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

ı	FOR LINE	NUMBER	: PAGE	8 OF	12					
ı	(check only one)									
	<b>X</b> 11a	11b	11c	12						
	13	14	15	16	17					

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.			
$\rangle$	NAME OF COMMITTEE (In Full) Renaissance Health Service Cor	poration Political Action Committ	ee			
١.	Full Name (Last, First, Middle Initial) Michael T Schaeffer		Date of Receipt			
	Mailing Address 522 Old State Route 74		08 04 2014			
	City	State Zip Code	Transaction ID: 21944062			
	Cincinnati	OH 45244-2180	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1200.00			
	Name of Employer	Occupation				
	self-employed	Dentist				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	Contribution			
3.	Full Name (Last, First, Middle Initial) James R. Stahl DDS		Date of Receipt			
	Mailing Address 29544 Duxbury Ln.	08 03 2014 _				
	City	State Zip Code OH 43551-3412	Transaction ID: 21944063			
	Perrysburg	OH 43551-3412	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1050.00			
	Name of Employer Self-employed	Occupation Dentist				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1050.00	Contribution			
).	Full Name (Last, First, Middle Initial) Campbell Sowell Jr.		Date of Receipt			
	Mailing Address 4039 Pulaski Hwy		08 04 2014			
	City	State Zip Code	Transaction ID: 21944064			
	Culleoka	TN 38451-2028	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1400.00			
	Name of Employer	Occupation				
	Campbell M. Sowell DDS	Self-Employed Dentist				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General  Other (specify) ▼	1400.00	Contribution			
s	UBTOTAL of Receipts This Page (optional)		3650.00			
T	OTAL This Period (last page this line number o	nly)				

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

	FOR LINE NUMBER:				PAGE		9	OF		12
(check only one)										
	<b>X</b> 1	1a	11b		11c		12			
	1	3	14		15		16			17

or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Renaissance Health Service	Corporation Political Action Commit	tee
Full Name (Last, First, Middle Initial)  Stephen Chreist		Date of Receipt
Mailing Address 65 Pinon Hill Pl. NE		08 03 2014
City Albuquerque	State Zip Code NM 87122-1914	Transaction ID : 21944065
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	1400.00
Name of Employer	Occupation	1
N/A Receipt For:	Retired	-
Primary General	Aggregate Year-to-Date ▼	Contribution
Other (specify) ▼	1400.00	Contribution
Full Name (Last, First, Middle Initial)  3. James P. Hallan	I	Date of Receipt
Mailing Address 2490 Overglen Ct.		M M / D D / Y Y Y Y Y Y
		08 16 2014
City	State Zip Code MI 48823-9475	Transaction ID : 21950579
East Lansing	15020 0 110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	1
MI Retailers Association	President & CEO	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	Occupation to a
Other (specify) ▼	3000.00	Contribution
Full Name (Last, First, Middle Initial)  C. Patrick Cahill		Date of Receipt
Mailing Address 3251 Hanover Court		08 12 2014 _
City	State Zip Code	Transaction ID : 21954511
Milford	MI 48380-3234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1050.00
Name of Employer	Occupation	-
N/A	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1050.00	Contribution
SUBTOTAL of Receipts This Page (optional	I)	4950.00
	<u> </u>	
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

12

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Michael B Mountjoy Date of Receipt Mailing Address 5003 Old Federal Road 2014 21 City Zip Code State Transaction ID: 21985588 40207-1200 Louisville KY Amount of Each Receipt this Period FEC ID number of contributing C 1400.00 federal political committee. Name of Employer Occupation Mountjoy & Bressler LLP Accountant Receipt For: Aggregate Year-to-Date ▼ Primary General Contribution 1400.00 Other (specify) Full Name (Last, First, Middle Initial) B. E Weldon Johnson Date of Receipt Mailing Address 13 Pine Trail 09 2014 11 City State Zip Code Transaction ID: 22010903 AR Texarkana 71854-3033 Amount of Each Receipt this Period FEC ID number of contributing 1400.00 federal political committee. Name of Employer Occupation Self-employed Construction Industry Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General Contribution 1400.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

2800.00

17050.00

SUBTOTAL of Receipts This Page (optional).....

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

Transaction ID : 2132863   28   28   28   28   28   28   28   2	SCHEDULE B (FEC Form 3X)	11		FOR LINE I	NUMBER:		PAGE	11 0	F 12
Ary Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.  NAME OF COMMITTEE (In Full)  Renaissance Health Service Corporation Political Action Committee  Full Name (Last, First, Middle Initial)  Stivers For Congress  Mailing Address 4679 Winterset Drive  City State Zip Code Other (specify)   Full Name (Last, First, Middle Initial)  State: OH Disbursement  Candidate Name  Candidate Name  Candidate Name  Category/  City State Zip Code  Mill 48640  Full Name (Last, First, Middle Initial)  Mailing Address P.O. Box 2192  City State Zip Code  Contribution  Candidate Name  Category/  Full Name (Last, First, Middle Initial)  Disbursement  Candidate Name  Category/  Full Name (Last, First, Middle Initial)  Disbursement  Candidate Name  Category/  Full Name (Last, First, Middle Initial)  Candidate Name  Category/  Category/  Type  Category/  Type  Category/  Type  Category/  Transaction ID: 22014205  Amount of Each Disbursement this Period  Category/  Type  Category/  Transaction ID: 22014205  Amount of Each Disbursement  Category/  Transaction ID: 22014205  Amount of Each Disbursement  Category/  Type  Category/  Transaction ID: 22014205  Amount of Each Disbursement  Category/  Type  Category/  Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House  District: Other (specify)   Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Category/ Type  Disbursement  Category/ Type  Category/ Type  Category/ Type  Disbursement  Disbursement  Category/ Type  Disbursement  Disbursement	ITEMIZED DISBURSEMENTS			I . — .	•		25 2		
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  Full Name (Last, First, Middle Initial)  Stivers For Congress  Mailing Address 4679 Winterset Drive  City  State Zip Code Cotumbus  OH 43220  Purpose of Disbursement Contribution  Cardidate Name President State: OH District 15  Full Name (Last, First, Middle Initial)  3. John Moolenaar for Congress  Mailing Address P.O. Box 2192  City  Milling Address P.O. Box 2192  City  Milling Address P.O. Box 2192  City  State: MI Disbursement  Candidate Name  John Moolenaar  Office Sought: Senate President State: MI District: 04  Full Name (Last, First, Middle Initial)  Date of Disbursement this Perior  Category/ Type  Transaction ID: 22014205  Amount of Each Disbursement this Perior  Category/ Transaction ID: 22014205  Amount of Each Disbursement this Perior  Category/ Transaction ID: 22014205  Amount of Each Disbursement this Perior  Category/ Type  Office Sought: Senate Premary General Other (specify) ▼  Transaction ID: 22014205  Amount of Each Disbursement this Perior  Category/ Type  Office Sought: Senate Premary General Other (specify) ▼  Amount of Each Disbursement this Perior  Category/ Type  Office Sought: Senate Premary General Other (specify) ▼  Amount of Each Disbursement this Perior  Category/ Type  Office Sought: Senate Premary General Other (specify) ▼  Amount of Each Disbursement this Perior  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Perior  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Perior  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Perior  Category/ Type  Other (specify) ▼  District: Other (specify) ▼  District: Other (specify) ▼									30
NAME OF COMMITTEE (in Full) Renaissance Health Service Corporation Political Action Committee  Full Name (Last, First, Middle Initial) Stivers For Congress  Mailing Address 4679 Winterset Drive City Columbus OH 43220 Christopse of Disbursement Contribution Candidate Name President State: OH District: 15 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: MI District: 04 Full Name (Last, First, Middle Initial) State: Disbursement Candidate Name Office Sought: Sanate Primary General Category' Type  Date of Disbursement this Period Category' Type  Amount of Each Disbursement this Period Category' Type  Amount of Each Disbursement this Period Category' Type  Date of Disbursement this Peri									
Renaissance Health Service Corporation Political Action Committee  Full Name (Last, First, Middle Initial)  3. Stivers For Congress  Mailing Address 4679 Winterset Drive  City  Ci		e and address of a	ny political	committee to	solicit cor	tributions fr	om such c	ommitte	е.
A Stivers For Congress  Mailing Address 4679 Winterset Drive  City State Zip Code OH 43220  Purpose of Disbursement Contribution  Candidate Name  Rep. Steve Stivers  Senate President State: MI District: at MI Dis				0					
As Stivers For Congress  Mailing Address 4679 Winterset Drive  City Columbus OH 43220  Transaction ID : 21932683  Amount of Each Disbursement this Period Contribution  Candidate Name  Rep. Steve Stivers Office Sought: House President State: OH District: 15  Full Name (Last, First, Middle Initial)  Category/ Type  City State Zip Code OH 43220  Transaction ID : 21932683  Amount of Each Disbursement this Period Contribution  Contribution  Contribution  Contribution  Contribution  Contribution  Date of Disbursement this Period Contribution  Date of Disbursement this Period Contribution  Date of Disbursement  Category/ Type  Transaction ID : 21932683  Amount of Each Disbursement this Period Contribution  Contribution  Date of Disbursement  Category/ Type  Transaction ID : 21932683  Amount of Each Disbursement this Period Category/ Type  Date of Disbursement this Period Category/ Type  Transaction ID : 21932683  Amount of Each Disbursement this Period Category/ Type  Date of Disbursement this Period Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Discoursement Type  Category/ Type  Date of Disbursement this Period  C	/ Kenaissance Health Service Corpo	ration Politica	al Action	Committe	ee				
Mailing Address 4673 Winterset Drive  City State Zip Code OH 43220  Purpose of Disbursement Contribution Candidate Name Rep. Steve Stivers  Office Sought:	_								
Mailing Address 4679 Winterset Drive   State   Zip Code   OH   43220   Transaction ID : 21932683	A. Stivers For Congress								
Columbus Purpose of Disbursement Contribution Cardidate Name Rep. Steve Stivers Office Sought:    House   President   Preside	Mailing Address 4679 Winterset Drive								
Countrollary Purpose of Disbursement Contribution Category/ Rep. Steve Stivers Office Sought:			de		Trans	action ID · ?	1032682		
Contribution Candidate Name Rep. Steve Stivers Office Sought:		OH 43220	ı		Halls	action ID : 2	. 1 332003		
Rep. Steve Stivers  Office Sought: House Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  John Moolenaar for Congress  Mailing Address P.O. Box 2192  City State Zip Code Midland Mi 48640  Purpose of Disbursement  Candidate Name President President State: Mi District: 04  Full Name (Last, First, Middle Initial)  Date of Disbursement  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Transaction ID : 22014205  Transaction ID : 22014205  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID : 22014205  Trans				011	Amount	of Each Dis	sbursemer	nt this Po	eriod
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Senate President Other (specify) V  State: OH District: 15  Full Name (Last, First, Middle Initial)  3. John Moolenaar for Congress  Mailing Address P.O. Box 2192  City State Zip Code Midland MI 48640  Purpose of Disbursement  Candidate Name John Moolenaar  Office Sought: Senate President State: Disbursement Tor: 2014  Full Name (Last, First, Middle Initial)  Transaction ID: 22014205  Amount of Each Disbursement this Period  Category/ Type  Other (specify) V  Date of Disbursement this Period  Category/ Type  Total Name (Last, First, Middle Initial)  Date of Disbursement  Category/ Type  Office Sought: State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: Sanate President Disbursement For: Category/ Type  Office Sought: Disbursement For: Category/ Type		ant Factoria				7	7	∠30.0	<i>J</i> 0
Full Name (Last, First, Middle Initial)  3. John Moolenaar for Congress  Mailing Address P.O. Box 2192  City State Zip Code Midland Purpose of Disbursement  Candidate Name John Moolenaar  Office Sought: House President State: MI District: 04  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: State Zip Code President State: Disbursement For: 2014 Senate President State: Disbursement For: Senate President Senate President State: Disbursement For: Senate President Senate Senate President Senate Senate President Senate Senate President Senate S	Senate President	Primary G	eneral		Contribu	tion			
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Mailing Address P.O. Box 2192  City State Zip Code Midland MI 48640  Purpose of Disbursement  Candidate Name  John Moolenaar  Office Sought: House President State Zip Code  Purpose of Disbursement For: 2014  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Category/ Type  Disbursement For: 2014  Primary General Other (specify) ▼  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: District: Other (specify) ▼  State: Disbursement For: General Other (specify) ▼  Substate: District: District	_				Date of	Dishursamo	ant		
Mailing Address P.O. Box 2192  City Midland Purpose of Disbursement  Candidate Name John Moolenaar  Office Sought: State: MI District: 04  Full Name (Last, First, Middle Initial)  Candidate Name Disbursement  State: Zip Code Purpose of Disbursement  Disbursement For: 2014 Primary General Other (specify)   Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: President State: District:  Senate Primary General Other (specify)   Other (specify)   State: District:  Substortant of Disbursements This Page (optional)	- John Modenaar for Congress							V	
Midland Purpose of Disbursement  Candidate Name  John Moolenaar  Office Sought:  State: MI District: 04  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Other (specify)   Date of Disbursement  Candidate Name  Category/ Type  Disbursement  Category/ Type  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  House Disbursement For: Senate Primary General Other (specify)   State: District:  Substock  Substock  Substock  Substock  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)   State: District:  Substock  Substock  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)   State: District:	Mailing Address P.O. Box 2192								
Purpose of Disbursement  Candidate Name  John Moolenaar  Office Sought:  State: MI District: 04  Full Name (Last, First, Middle Initial)  Category/ Type  Other (specify)  Mailing Address  City  State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  House  Primary  General  Other (specify)  Other (specify)  State:  District:  Substract  Substract  Disbursement For:  Senate  Primary  General  Other (specify)  State:  District:  Substract  Amount of Each Disbursement this Period  Category/ Type  Other (specify)  State:  District:  Substract  Amount of Each Disbursement this Period  Category/ Type  Other (specify)  Type  Other (specify)					Trans	action ID : 2	22014205		
Candidate Name  John Moolenaar  Office Sought:    President   President   President   Primary   General		48640	<u>'</u>						
John Moolenaar  Office Sought:  House  Senate  Primary  General  Other (specify) ▼  State: MI District: 04  Full Name (Last, First, Middle Initial)  City  State  Zip Code  Purpose of Disbursement  Candidate Name  Office Sought:  House  Senate  Primary  General  Category/ Type  Office Sought:  House  Senate  Primary  General  Other (specify) ▼  State: District:  1250.00	·			011	Amount	of Each Dis	sbursemer	nt this Po	eriod
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Full Name (Last, First, Middle Initial)  Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)	Senate	Primary X G	eneral						
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President President Other (specify) ▼  Substruct:  Substruct: District: 1250.00									
City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  City State Zip Code  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)  C.				Date of	Disburseme	ent		
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:  Substoctal of Disbursements This Page (optional)						/ D D	/ Y	Y	′
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substotal of Disbursements This Page (optional)	Mailing Address						l L.		_
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substitute Of Disbursements This Page (optional)	City	State Zip Co	ode						
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substotal of Disbursements This Page (optional)	Purpose of Disbursement		- T						
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)	Candidate Name				-				eriod
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary G	eneral	1,700		7			
SOBTOTAL OF DISDUISEMENTS THIS Page (Optional)	2.55.50				_				_
4070.00	SUBTOTAL of Disbursements This Page (optional)			······			7	1250.0	00
TOTAL This Period (last page this line number only)								1250.0	00

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 12 OF 12				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page						
		21b	22 23 24 25 26				
		27	28a 28b 28c X 29 30				
Any information copied from such Reports and State							
or for commercial purposes, other than using the na	me and address of any polit	ical committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)		_					
Renaissance Health Service Corp	oration Political Acti	on Committ	ee				
Full Name (Last, First, Middle Initial)							
A. Friends of Heard			Date of Disbursement				
	M M / D D / Y Y Y Y						
Mailing Address 1121 Gartner Court			08 07 2014				
City	State Zip Code						
Obetz	OH 43207		Transaction ID: 21932613				
Purpose of Disbursement	40201						
Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	050.00				
OH Rep. Tracy Heard		Type	250.00				
	ement For:						
Senate	Primary General		Contribution				
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. Committee for Jim Hughes			Date of Disbursement				
or Committee for Jim Hughes			M M / D D / Y Y Y Y				
Mailing Address 14 E. Gay St.			08 07 2014				
City	State Zip Code		Transaction ID: 21932682				
Columbus	OH 43215						
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period				
Candidate Name			Amount of Each Disbursement this Feriod				
OH Sen. Jim Hughes		Category/ Type	250.00				
	ement For:	71	, ,				
Senate	Primary General		Contribution				
President	Other (specify) ▼						
State: District:	-						
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
Mailing Address	M M / D D / Y Y Y Y						
Mailing Address							
City	State Zip Code						
Purpose of Disbursement							
Candidate Name	Amount of Each Disbursement this Period						
Candidate Name		Category/					
Office Sought: House Disburse	ement For:	Туре					
Senate	Primary General						
President	Other (specify)						
State: District:	, , , , ,						
SUBTOTAL of Disbursements This Page (optional)			500.00				
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TOTAL This Period (last page this line number only	/)		500.00				