PAGE 1 / 17

Image# 201602019005302399

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TONIN 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5
Renaissance Health	Service Corporation F	Political Action Com	nmittee
ADDRESS (number and street) ▼	P.O. Box 293		
Check if different than previously reported. (ACC)	Okemos		MI 48864 —
2. FEC IDENTIFICATION I	NUMBER ▼ C	ITY 🛦	STATE ▲ ZIP CODE ▲
C C00450288		IS THIS REPORT (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report	Report Due On: Ma	ar 20 (M3) Jun	20 (M5) Aug 20 (M8) Nov 20 (M11 (Non-Election Year Only) 20 (M6) Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only) 20 (M7) Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R)
July 15 Quarterly Report October 15 Quarterly Report January 31	(Q2) PRE-Election Report for the:	Convention (12C	
Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report (TER)	tion (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S) in the
5. Covering Period	07 01 2015	through	State of 12 31 2015
I certify that I have examined Type or Print Name of Treasu		of my knowledge and belie	ef it is true, correct and complete.
Signature of Treasurer Rice	chard Lantz	[Electronically Fil	[ed] Date 02 01 2016
	oneous, or incomplete informati	on may subject the person	signing this Report to the 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 01 2015 To: 12 31 2015

		COLUMN A This Period				
6.	(a) Cash on Hand January 1, 2015		87319.33			
	(b) Cash on Hand at Beginning of Reporting Period	81981.98				
	(c) Total Receipts (from Line 19)	12713.48	18076.13			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94695.46	105395.46			
7.	Total Disbursements (from Line 31)	7929.29	18629.29			
В.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	86766.17	86766.17			
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

(ii) Unitemized (use Schedule A)	2015
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	ate
(i) Itemized (use Schedule A)	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17850.00
Lines 11(a)(i) and (ii)	200.00
(c) Other Political Committees	18050.00
(such as PACs)	0.00
Totals to Line 33, page 5)	0.00
	8050.00
	0.00
13. All Loans Received	0.00
14. Loan Repayments Received	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00
to Federal Candidates and Other Political Committees	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	26.13
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	
(from Schedule H3)	0.00
(b) Levin Funds (from Schedule H5)	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))▶ 12713.48	8076.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶ 12713.48	18076.13

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
	perating Expenditures:) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calonial Four to July
	(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	, , ,	0.00	0.00
o Tr	(add 21(a)(i), (a)(ii), and (b))▶ ransfers to Affiliated/Other Party	0.00	0.00
	ommittees	0.00	0.00
3. Č	ontributions to	7	
ar	ederal Candidates/Committees nd Other Political Committees	3699.29	8399.29
	dependent Expenditures		
(u 5 C	se Schedule E)ordinated Party Expenditures	0.00	0.00
(2	U.S.C. §441a(d))	0.00	0.00
(u	se Schedule F)	4	0.00
6. La	pan Repayments Made	0.00	0.00
7. Lc	pans Made	0.00	0.00
8. Re (a			
`	Than Political Committees	0.00	0.00
(h) Political Party Committees	0.00	0.00
(b (c		0.00	
(0	(such as PACs)	0.00	0.00
(d	,	0.00	0.00
	(add Lines 28(a), (b), and (c))▶	7 7	0.00
9. O	ther Disbursements	4230.00	10230.00
		7	
	ederal Election Activity (2 U.S.C. §431(20))		
(a	Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i suciai oliaic		
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
(c	,	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1. To	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	7929.29	18629.29
	, -,,,(-), -0 4 00(0)/	, , , , ,	10029.29
2. To	otal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)		
fro	om Line 31)	7929.29	18629.29

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	12700.00	18050.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12700.00	18050.00
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
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XA Transaction ID :

Updated addresses for contributors: Campbell Sowell and John Collier

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

_	INE NU	PAGE	7	OF	17		
(check	only or	ne)					
X 1	1a	11b		11c	12		
1:	3	14		15	16		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.

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Renaissance Health Service C	Corporation Political Action Commit	tee
Full Name (Last, First, Middle Initial) Laura O. Stearns Mailing Address 5154 Sapphire Circle		Date of Receipt
		07 01 2015
City	State Zip Code	Transaction ID : 22566166
East Lansing	MI 48823-7266	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Michigan Catholic Conference	Vice President, Service Program Operat	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution
Full Name (Last, First, Middle Initial) Cynthia Williams		Date of Receipt
Mailing Address 844 Pebblebrook Lane		07 07 2015
City East Lansing	State Zip Code MI 48823-2164	Transaction ID : 22566167
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Michigan Education Special Services As	Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution
Full Name (Last, First, Middle Initial) C. Patrick Cahill		Date of Receipt
Mailing Address 3251 Hanover Court		08 31 2015
City Milford	State Zip Code MI 48380-3234	Transaction ID : 22735041 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	
SUBTOTAL of Receipts This Page (optional)	•	2050.00
TOTAL This Period (last page this line number	r only)	

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

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

FOR LIN	IE NU	PAGE	8	OF	17			
(check o	nly or	ne)						
X 11a		11b		11c	12			
13		14		15	16		17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Frank Buzaki Jr. Mailing Address 3767 Heartwood St., NW		Date of Receipt
City	State Zip Code	08 31 2015
City Uniontown	State Zip Code OH 44685-8603	Transaction ID : 22735042
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1050.00
Name of Employer	Occupation	-
United Steelworkers	President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) Paul Carruth	•	Date of Receipt
Mailing Address 8416 Seagate Drive		M = M / D = D / Y = Y = Y
City	State Zip Code	08 31 2015
Raleigh	NC 27615-4433	Transaction ID : 22735043 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	
Full Name (Last, First, Middle Initial)	[Data of Bassist
Stephen Chreist Mailing Address 65 Pinon Hill Pl. NE		Date of Receipt 08 31 2015
City Albuquerque	State Zip Code NM 87122-1914	Transaction ID : 22735044 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1400.00
Name of Employer	Occupation	-
N/A	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1400.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FO	PAGE	9	OF	17				
(ch	eck only	or	ne)					
E	11a		11b		11c	12		
	13		14		15	16	;	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.

or for commercial purposes, other than using	ng the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Renaissance Health Service	e Corporation Political Action Committ	tee
Full Name (Last, First, Middle Initial) Mel Collazo D.D.S.		Date of Receipt
Mailing Address P.O. 21822		08 31 7 2015
City Little Rock	State Zip Code AR 72212	Transaction ID : 22735045 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1400.00
Name of Employer	Occupation	
Self-employed	Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial) 3. John Collier Jr.	'	Date of Receipt
Mailing Address 2202 Union Place Ct.		08 31 2015
City Columbia	State Zip Code TN 38401-5827	Transaction ID : 22735046
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Maury Regional Hospital	Assistant Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2490 Overglen Ct.		08 31 _ 2015 _
City East Lansing	State Zip Code MI 48823-9475	Transaction ID : 22735047 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
MI Retailers Association	President & CEO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (option	al)	2400.00
TOTAL This Period (last page this line nu	mber only)	

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

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

FOR LINE NUMBER:						PAGE	1	10	OF		17
(cl	(check only one)										
[:	X 11	а		11b		11c		12			
	13	3		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Michael T Schaeffer Mailing Address 522 Old State Route 74		Date of Receipt
City	State 7in Code	08 31 2015
City Cincinnati	State Zip Code OH 45244-2180	Transaction ID : 22735048
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 1200.00
Name of Employer	Occupation	
self-employed	Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Susan F Smith	•	Date of Receipt
Mailing Address 2420 North Taylor		M = M / D = D / Y = Y = Y
City	State Zip Code	08 31 2015
Little Rock	AR 72207-3625	Transaction ID : 22735049 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1400.00
Name of Employer Metopolitan National Bank	Occupation Senior EVP/COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial)	<u>'</u>	
Campbell Sowell Jr.		Date of Receipt
Mailing Address 4039 Pulaski Hwy		08 31 _2015 _
City	State Zip Code	Transaction ID : 22735050
Cullcoka	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	

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

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

FOR LINE NUMBER:			PAGE	· 1	11	OF	17			
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Renaissance Health Service Co	orporation Political Action Commit	tee
Full Name (Last, First, Middle Initial) James R. Stahl DDS Mailing Address 29544 Duxbury Ln. City Perrysburg FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code OH 43551-3412 C Occupation Dentist Aggregate Year-to-Date ▼ 1050.00	Date of Receipt M
Dr. Michael J. Childers Mailing Address 3503 Westwood Farms Dr. City Louisville FEC ID number of contributing federal political committee. Name of Employer	State Zip Code KY 40220-5023 C Occupation	Date of Receipt 10 07 2015 Transaction ID: 22798003 Amount of Each Receipt this Period 250.00
Self-employed Receipt For: Primary General Other (specify) ▼	Dentist Aggregate Year-to-Date ▼ 250.00	Contribution
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		1300.00
TOTAL This Period (last page this line number	only)	12700.00

SCHEDULE B (FEC Form 3X)	Harana a marka a abada (a)	FOR LINE I		,
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		_
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30	
Any information popular from such Deports and Ctate	monto mou not be cold or use			
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or use me and address of any politica	d by any perso Il committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)	<u>·</u> ·			_
Renaissance Health Service Corp	oration Political Action	n Committe	ee	
Full Name (Last, First, Middle Initial)				_
A. Friends of Sherrod Brown			Date of Disbursement	
Mailing Address P.O. Box 15293			07 09 2015	
City	State Zip Code		Transaction ID : 22561256	
Washington	DC 20003		Transaction ib . 22301230	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		1
Sherrod Brown		Type	1000.00	l
Office Sought: House Senate President Disburse	ement For: 2018 Primary		Contribution	
State: OH District:				
Full Name (Last, First, Middle Initial)				
B. Delta Dental of Michigan			Date of Disbursement	
Mailing Address 4100 Okemos Rd.			07 31 2015	
City Okemos	State Zip Code MI 48864		Transaction ID: 22599501	
Purpose of Disbursement In-kind contribution of 4dz. golf balls and 100 tootl	nbrushes	011	Amount of Each Disbursement this Period	
Candidate Name		Category/		1
John Moolenaar		Type	107.80	
Senate President	ement For: 2016 Primary General Other (specify)		In-kind contribution of 4dz. golf balls and 100 toothbrushes	1
State: MI District: 04 Full Name (Last, First, Middle Initial)				_
C. Debbie Dingell For Congress			Date of Disbursement	
Mailing Address PO Box 746			11 05 2015	
City	State Zip Code		Transaction ID - 22790225	
Dearborn	MI 48121		Transaction ID: 22789225	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		ï
Debbie Dingell		Type	500.00	
Office Sought: House Disburse Senate	ement For: 2016 Primary General		Contribution	
State: MI District: 12	Other (specify) ▼			
200.00 12				<u> </u>
SUBTOTAL of Disbursements This Page (optional)		······	1607.80	
TOTAL This Period (last page this line number only	<i></i>			

2	CHEDULE B (FEC Form 3	(Y)		T
	•	I les concrete cohedule/s	, FOR LINE	
IT	EMIZED DISBURSEMENTS	for each category of the	/ [(CITECK OITS)	
		Detailed Summary Page	21b	22 🗶 23 24 25 26
			27	28a 28b 28c 29 30b
Α	ny information copied from such Reports :	and Statements may not be sold or u	sed by any pers	on for the purpose of soliciting contributions
10	for commercial purposes, other than usir	ng the name and address of any polit	ical committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	· · · · · · · · · · · · · · · · · · ·	Corporation Political Act	on Commit	too
/	Renaissance Health Service	e Corporation Political Act	on Commit	iee
_	Full Name (Last, First, Middle Initial)			
Α.	,			Date of Disbursement
•	Della Flowers			
	Mailing Address 8714 W. Saginaw			11 16 2015
	Suite M			11 10 2013
	City	State Zip Code		
	Lansing	MI 48917		Transaction ID : 22802623
	Purpose of Disbursement	40917		
	In-kind contribution of flowers for 11/16 e	vent	011	Amount of Each Disbursement this Period
			011	Amount of Each dispursement this Period
	Candidate Name		Category/	215.99
	Gary Peters		Туре	7
	Office Sought: House	Disbursement For: 2020		
	X Senate	Primary X General		In-kind contribution of flowers for 11/16 event
	President	Other (specify) ▼		
	State: MI District:			
	Full Name (Last, First, Middle Initial)			
В.				Date of Disbursement
	Continental Cervices, inc.			M M / D D / Y Y Y Y
	Mailing Address 35710 Mound Rd			11 16 2015
	Walling Address 337 to Modific Rd			11 10 2010
	City	State Zip Code		
	Sterling Heights	MI 48310		Transaction ID: 22802919
	Purpose of Disbursement	10010		
	In-kind contribution of catering for 11/16	event	011	Amount of Each Disbursement this Period
	Candidate Name			Amount of Edon Biobardomont this Feriod
			Category/	1625.50
	Gary Peters Office Sought: House	Disharas I Fam.	Туре	
		Disbursement For: 2020		
	Senate	Primary General		In-kind contribution of catering for 11/16 event
	President	Other (specify) ▼		
	State: MI District:			
	Full Name (Last, First, Middle Initial)			
C.	Delta Dental of Michigan			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address 4100 Okemos Rd.			11 19 2015
	City	State Zip Code		Transaction ID: 22807679
	Okemos	MI 48864		Transaction ID: 22607679
	Purpose of Disbursement			
	In-kind for 11/16 room rental		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	
	Gary Peters		Type	250.00
		Disbursement For: 2020	71.	7
	Office Sought: House			1
		Primary		In kind for 11/16 room rootal
	X Senate	Primary General Other (specify)		In-kind for 11/16 room rental
	Senate President	Primary ☐ General Other (specify) ▼		In-kind for 11/16 room rental
	X Senate			In-kind for 11/16 room rental
	Senate President State: MI District:	Other (specify)		
	Senate President	Other (specify)	·····	In-kind for 11/16 room rental 2091.49
	Senate President State: MI District:	Other (specify) ▼ optional)	·····•	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	dule(s) FOR LINE NUMBER: PAG		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c × 29 30	
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) Renaissance Health Service Corpo				
Full Name (Last, First, Middle Initial)				
A. Friends of Nicholas J. Celebrezze			Date of Disbursement	
Mailing Address 2344 Canal Rd.			07 09 2015	
	State Zip Code		Transaction ID : 22561254	
Cleveland Purpose of Disbursement	OH 44113			
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	250.00	
OH Rep. Nicholas Celebrezze		Type	250.00	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)				
B. Romanchuk for State Rep			Date of Disbursement	
Mailing Address 3306 Oakstone Dr.			10 08 2015	
City Mansfield Purpose of Disbursement	State Zip Code OH 44903		Transaction ID: 22740115	
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		
OH Rep. Mark Romanchuk		Type	350.00	
Office Sought: House Senate President State: Disburse	ment For: Primary ☐ General Other (specify) ▼		Contribution	
Full Name (Last, First, Middle Initial) C. Citizens for Stephanie Kunze			Date of Disbursement	
Mailing Address 865 Macon Alley		10 08 2015		
Columbus	State Zip Code OH 43206		Transaction ID : 22740116	
Purpose of Disbursement Contribution	011	Amount of Each Disbursement this Period		
Candidate Name OH Rep. Stephanie Kunze	Category/ Type	350.00		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	-,,,,,	Contribution	
State: District:				
SUBTOTAL of Disbursements This Page (optional)		·····	950.00	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE	15 OF 17
ITEMIZED DISBURSEMENTS	Use separate sche		(check only			
	for each category Detailed Summary		21b	22	23 24	25 26
	Botanoa Garrinary	. ago	27	28a	28b 28c X	29 30b
Any information copied from such Reports and State						
or for commercial purposes, other than using the na	ime and address of an	ny political c	committee to	solicit contrib	utions from such co	mmittee.
NAME OF COMMITTEE (In Full)						
Renaissance Health Service Corp	oration Political	I Action	Committ	ee		
Full Name (Last, First, Middle Initial)						
^{A.} Friends of Faber				Date of Dis		
Mailing Address 7706 State Route 703				11		015
City	State Zip Cod	de				
Celina	OH 45822			Transacti	on ID : 22789224	
Purpose of Disbursement Contribution		Г	011	Amount of	Each Disbursement	this Period
Candidate Name				7 11.10 41.11 61		
OH Sen. Keith Faber			ategory/ Type			1000.00
	ement For:		1,700		,	
Senate		eneral		Contribution		
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
B. Friends of Joe Schiavoni for State	Senate			Date of Dis	bursement	
Marker Address and Market				M M /		YYY
Mailing Address 87 Westchester Drive				12	04 20	015
City	State Zip Cod	de		Transacti	on ID : 22849149	
Youngstown	State Zip Cod OH 44515	de		Transacti	on ID : 22849149	
	•	de	011			this Pariod
Youngstown Purpose of Disbursement Contribution	•		011		on ID: 22849149 Each Disbursement	this Period
Youngstown Purpose of Disbursement Contribution Candidate Name	•		ategory/			this Period
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni	OH 44515					
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Disburse	OH 44515	C	ategory/	Amount of	Each Disbursement	
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Disburse Senate	OH 44515 ement For: Primary Ge		ategory/		Each Disbursement	
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Disburse	OH 44515	C	ategory/	Amount of	Each Disbursement	
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Disburse Senate President State: District:	OH 44515 ement For: Primary Ge	C	ategory/	Amount of	Each Disbursement	
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	OH 44515 ement For: Primary Ge	C	ategory/	Amount of	Each Disbursement	
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Disburse Senate President State: District:	OH 44515 ement For: Primary Ge	C	ategory/	Amount of Contribution Date of Dis	Each Disbursement	500.00
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	OH 44515 ement For: Primary Ge	C	ategory/	Amount of Contribution	Each Disbursement	
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Citizens for Obhof	OH 44515 ement For: Primary Ge	C	ategory/	Amount of Contribution Date of Dis	Each Disbursement	500.00 Y Y
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Citizens for Obhof	OH 44515 ement For: Primary Ge	Ceneral	ategory/	Amount of Contribution Date of Dis	Each Disbursement bursement 10 / Y Y Y Y 10 20	500.00 Y Y
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Citizens for Obhof Mailing Address 5206 Crown Pointe Drive City Medina	OH 44515 ement For: Primary Ge Other (specify)	Ceneral	ategory/	Amount of Contribution Date of Dis	Each Disbursement	500.00 Y Y
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Citizens for Obhof Mailing Address 5206 Crown Pointe Drive City Medina Purpose of Disbursement	OH 44515 ement For: Primary Ge Other (specify) State Zip Cod	Ceneral	ategory/ Type	Amount of Contribution Date of Dis	Each Disbursement bursement 10 / Y Y Y Y 10 20	500.00 Y Y
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Citizens for Obhof Mailing Address 5206 Crown Pointe Drive City Medina Purpose of Disbursement Contribution	OH 44515 ement For: Primary Ge Other (specify) State Zip Cod	Ceneral	ategory/	Amount of Contribution Date of Dis 12 Transacti	Each Disbursement bursement 10 / Y Y Y Y 10 20	500.00 015
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Citizens for Obhof Mailing Address 5206 Crown Pointe Drive City Medina Purpose of Disbursement Contribution Candidate Name	OH 44515 ement For: Primary Ge Other (specify) State Zip Cod	Ceneral	onto	Amount of Contribution Date of Dis 12 Transacti	Each Disbursement bursement 10 / Y Y 10 20 on ID: 22864023	500.00 Y Y 015 this Period
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Citizens for Obhof Mailing Address 5206 Crown Pointe Drive City Medina Purpose of Disbursement Contribution Candidate Name OH Sen. Larry Obhof	OH 44515 ement For: Primary Ge Other (specify) State Zip Cod OH 44256	Ceneral	ategory/ Type	Amount of Contribution Date of Dis 12 Transacti	Each Disbursement bursement 10 / Y Y 10 20 on ID: 22864023	500.00 015
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Citizens for Obhof Mailing Address 5206 Crown Pointe Drive City Medina Purpose of Disbursement Contribution Candidate Name OH Sen. Larry Obhof Office Sought: House Disburse	OH 44515 ement For: Primary Ge Other (specify) State Zip Cod OH 44256	c c c c c c c c c c c c c c c c c c c	onto	Amount of Contribution Date of Dis 12 Transacti	Each Disbursement bursement 10 / Y Y 10 20 on ID: 22864023	500.00 Y Y 015 this Period
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Citizens for Obhof Mailing Address 5206 Crown Pointe Drive City Medina Purpose of Disbursement Contribution Candidate Name OH Sen. Larry Obhof Office Sought: House Senate	OH 44515 ement For: Primary Ge Other (specify) ▼ State Zip Cod OH 44256 ement For: Primary Ge	Ceneral	onto	Amount of Contribution Date of Dis 12 Transacti	Each Disbursement bursement 10 10 20 on ID: 22864023 Each Disbursement	500.00 Y Y 015 this Period
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Citizens for Obhof Mailing Address 5206 Crown Pointe Drive City Medina Purpose of Disbursement Contribution Candidate Name OH Sen. Larry Obhof Office Sought: House Senate President Disburse Senate President	OH 44515 ement For: Primary Ge Other (specify) State Zip Cod OH 44256	c c c c c c c c c c c c c c c c c c c	onto	Amount of Contribution Date of Dis 12 Transacti Amount of	Each Disbursement bursement 10 10 20 on ID: 22864023 Each Disbursement	500.00 Y Y 015 this Period
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Citizens for Obhof Mailing Address 5206 Crown Pointe Drive City Medina Purpose of Disbursement Contribution Candidate Name OH Sen. Larry Obhof Office Sought: House Senate	OH 44515 ement For: Primary Ge Other (specify) ▼ State Zip Cod OH 44256 ement For: Primary Ge	c c c c c c c c c c c c c c c c c c c	onto	Amount of Contribution Date of Dis 12 Transacti Amount of	Each Disbursement bursement 10 10 20 on ID: 22864023 Each Disbursement	500.00 Y Y 015 this Period
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Citizens for Obhof Mailing Address 5206 Crown Pointe Drive City Medina Purpose of Disbursement Contribution Candidate Name OH Sen. Larry Obhof Office Sought: House Senate President Disburse Senate President	OH 44515 ement For: Primary Ge Other (specify) State Zip Cod OH 44256 ement For: Primary Ge Other (specify) Other (specify) Ge Other (specify)	de Coneral	O11 category/ Type	Amount of Contribution Date of Dis 12 Transacti Amount of	Each Disbursement bursement 10 10 20 on ID: 22864023 Each Disbursement	500.00 Y Y 015 this Period
Youngstown Purpose of Disbursement Contribution Candidate Name OH Sen. Joe Schiavoni Office Sought: House Senate President State: Full Name (Last, First, Middle Initial) C. Citizens for Obhof Mailing Address 5206 Crown Pointe Drive City Medina Purpose of Disbursement Contribution Candidate Name OH Sen. Larry Obhof Office Sought: House Senate President State: District: Disburse Senate President State: Disburse	OH 44515 ement For: Primary Ge Other (specify) State Zip Cod OH 44256 ement For: Primary Ge Other (specify) Other (specify) Other (specify) Other (specify) Other (specify)	de Ceneral	O11 category/ Type	Amount of Contribution Date of Dis 12 Transacti Amount of	Each Disbursement bursement 10 10 20 on ID: 22864023 Each Disbursement	500.00 115 this Period 500.00

ľ

SCHEDULE B (FEC Form 3X)	i i i i i i i i i i i i i i i i i i i		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c X 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or us me and address of any polition	ed by any personal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Renaissance Health Service Corpo	oration Political Action	on Committ	ree
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Committee to Elect Manning			Date of Dispursement
Mailing Address 5380 Barton Road			12 10 2015
•	State Zip Code		Transaction ID : 22864024
North Ridgeville Purpose of Disbursement	OH 44039		
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
OH Sen. Gayle Manning		Type	500.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial)			
B. Troy Balderson for State Senator			Date of Disbursement
Mailing Address 3760 Greenbriar Drive			12 10 2015
Zanesville	State Zip Code OH 43701		Transaction ID: 22864025
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
OH Sen. Troy Balderson		Type	500.00
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial) C. Peterson for Good Government			Date of Disbursement
Mailing Address 5564 Grassy Branch Road			12 10 7 2015
City Sabina			
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name OH Sen. Bob Peterson		Category/ Type	500.00
	ment For: Primary General Other (specify)	71-	Contribution
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only			1500.00

SCHEDULE B (FEC Form 3X)			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	•
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Renaissance Health Service Corpo	ration Political Actio	n Committ	ee
Full Name (Last, First, Middle Initial)			Data of Dishuraament
A. Friends of Heard			Date of Disbursement
Mailing Address 1121 Gartner Court			12 30 2015
,	State Zip Code OH 43207		Transaction ID : 22945976
Purpose of Disbursement Void - Friends of Heard	10207	011	Amount of Fook Dishurament this Deviced
Candidate Name			Amount of Each Disbursement this Period
OH Rep. Tracy Heard		Category/ Type	-250.00
	nent For: Primary General Other (specify)		Void - Friends of Heard
State: District:			
Full Name (Last, First, Middle Initial) 3.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
President	nent For: Primary General Other (specify)	Туро	
State: District: Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
President	nent For: Primary General Other (specify)	Турс	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		······ <u>▶</u>	-250.00
TOTAL This Period (last page this line number only).			4200.00