

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C C00450288 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] October 15 Quarterly Report (Q3) (b) Monthly Report Due On: [X] Feb 20 (M2) (c) 12-Day PRE-Election Report for the: [X] Primary (12P) (d) 30-Day POST-Election Report for the: [X] General (30G)

5. Covering Period 07 01 2022 through 09 30 2022

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 10 11 2022

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="2022"/>		131001.81
(b) Cash on Hand at Beginning of Reporting Period.....	124001.81	
(c) Total Receipts (from Line 19)	0.00	1500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	124001.81	132501.81
7. Total Disbursements (from Line 31).....	36000.00	44500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	88001.81	88001.81
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: 07 / 01 / 2022 To: 09 / 30 / 2022

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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	1500.00
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)).....▶	0.00	1500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	1500.00

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.....	35000.00	35000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1000.00	9500.00
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)) ..	36000.00	44500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36000.00	44500.00

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
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 B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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

Form A: Great Lakes PAC. Includes fields for Mailing Address (328 Massachusetts Ave), City (Washington, DC), Zip Code (20002), Purpose of Disbursement (Contribution), Candidate Name, Office Sought (House, Senate, President), Disbursement For (Primary, General, Other), Date of Disbursement (08/31/2022), FEC Identification Number (C00375584), Transaction ID (26517680), and Amount of Each Disbursement (5000.00).

Form B: Friends Of Dan Kildee. Includes fields for Mailing Address (P.O. Box 248), City (Flint, MI), Zip Code (48501), Purpose of Disbursement (Contribution), Candidate Name (Kildee, Daniel, , Mr.), Office Sought (House, Senate, President), Disbursement For (Primary, General, Other), Date of Disbursement (09/30/2022), FEC Identification Number (C00499947), Transaction ID (26556065), and Amount of Each Disbursement (3000.00).

Form C: Debbie Dingell For Congress. Includes fields for Mailing Address (PO Box 746), City (Dearborn, MI), Zip Code (48121), Purpose of Disbursement (Contribution), Candidate Name (Dingell, Debbie, , ,), Office Sought (House, Senate, President), Disbursement For (Primary, General, Other), Date of Disbursement (09/30/2022), FEC Identification Number (C00558213), Transaction ID (26556066), and Amount of Each Disbursement (3000.00).

SUBTOTAL of Disbursements This Page (optional) 11000.00
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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wenstrup for Congress

Mailing Address PO Box 9551

City Cincinnati

State OH

Zip Code 45209-0551

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Wenstrup, Brad, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OH District: 00

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 26556067
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Latta for Congress

Mailing Address PO Box 106

City Bowling Green

State OH

Zip Code 43402-0106

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Latta, Robert, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OH District: 00

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 26556069
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address PO Box 906

City Marietta

State OH

Zip Code 45750

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Johnson, Bill, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

/ /

FEC Identification Number

C00476820
Transaction ID : 26556070
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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stabenow for U.S. Senate

Mailing Address P.O. Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Stabenow, Debbie, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: MI

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

FEC Identification Number

C

Transaction ID : 26556072

Amount of Each Disbursement this Period

3000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Peters for Michigan

Mailing Address PO BOX 32072

City
Detroit

State
MI

Zip Code
48244

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Peters, Gary, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: MI

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

FEC Identification Number

C

Transaction ID : 26556076

Amount of Each Disbursement this Period

3000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Braun for Indiana

Mailing Address PO Box 159

City
Zionville

State
IN

Zip Code
46077-0159

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Braun, Mike, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: IN

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

FEC Identification Number

C

Transaction ID : 26556088

Amount of Each Disbursement this Period

3000.00

Contribution

Memo Item

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

9000.00

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

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Sherrod Brown

Mailing Address 600 Pennsylvania Ave SE
15180

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/
Type

Candidate Name
Brown, Sherrod, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: OH District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

FEC Identification Number

Transaction ID : 26556089
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Todd Young INC

Mailing Address PO Box 3743

City Carmel State IN Zip Code 46082

Purpose of Disbursement Contribution

Category/
Type

Candidate Name
Young, Todd, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: IN District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

FEC Identification Number

Transaction ID : 26556090
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)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Seitz for Ohio

Mailing Address 4401 Abby Court

City Cincinnati

State MI

Zip Code 45248

Purpose of Disbursement
William Seitz, STATE SENATE 8th OH

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
0	8		1	1		2	0	2	2

FEC Identification Number

C []

Transaction ID : 26504498

Amount of Each Disbursement this Period

[] 1000.00

Memo Item **OH**
William Seitz, STATE SENATE 8th

Full Name (Last, First, Middle Initial)

B.

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 1000.00

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

[] 1000.00