

# 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 11 / 08 / 2022 in the State of MI

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period 10 / 01 / 2022 through 10 / 19 / 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 / 21 / 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)

Page 2

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"/>	<input type="text" value=""/>	<input type="text" value="131001.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="88001.81"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="88001.81"/>	<input type="text" value="132501.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="88001.81"/>	<input type="text" value="132501.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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).....	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.....	- 500.00	34500.00
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).....	88501.81	98001.81
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)) ..	88001.81	132501.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	88001.81	132501.81

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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)

<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

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)

**A. Elissa Slotkin for Congress**

Mailing Address PO Box 244

City  
Holly

State  
MI

Zip Code  
48442

Purpose of Disbursement  
Void - Elissa Slotkin for Congress

Category/  
Type

Candidate Name  
**Slotkin, Elissa, , ,**

Office Sought:  House  
 Senate  
 President  
State: MI District: 00

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 26580240**

Amount of Each Disbursement this Period

Void - Elissa Slotkin for Congress

Memo Item

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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. Friends of Jay Edwards**

Mailing Address 3950 Union Ridge Rd

City  
Albany

State  
OH

Zip Code  
45710

Purpose of Disbursement  
Jay Edwards, STATE HOUSE OH

011

Category/  
Type

Candidate Name

**Edwards, Jay, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2022

FEC Identification Number

C	
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**Transaction ID : 26579641**

Amount of Each Disbursement this Period

	1000.00
--	---------

Jay Edwards, STATE HOUSE OH

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Brigid Kelly**

Mailing Address 4353 Montgomery Road

City  
Norwood

State  
OH

Zip Code  
45212

Purpose of Disbursement  
Brigid Kelly, STATE HOUSE OH

011

Category/  
Type

Candidate Name

**Kelly, Brigid, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2022

FEC Identification Number

C	
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**Transaction ID : 26579642**

Amount of Each Disbursement this Period

	1000.00
--	---------

Brigid Kelly, STATE HOUSE OH

Memo Item

Full Name (Last, First, Middle Initial)

**C. Oelslager for Ohio Committee**

Mailing Address 6706 Lake Cable Avenue NW

City  
North Canton

State  
OH

Zip Code  
44720

Purpose of Disbursement  
Scott Oelslager, STATE SENATE 29th OH

011

Category/  
Type

Candidate Name

**Oelslager, Scott, , OH Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2022

FEC Identification Number

C	
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**Transaction ID : 26579646**

Amount of Each Disbursement this Period

	1000.00
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Scott Oelslager, STATE SENATE  
29th OH

Memo Item

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

	3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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 Lampton**

Mailing Address 1326 Parkway Court

City Beavercreek State OH Zip Code 45432

Purpose of Disbursement  
Brian Lampton, STATE HOUSE OH

Category/  
Type

Candidate Name  
**Lampton, Brian, , ,**

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 / 07 / 2022

FEC Identification Number

**Transaction ID : 26579647**  
Amount of Each Disbursement this Period  
  
Brian Lampton, STATE HOUSE OH  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends to Elect Jessica Miranda**

Mailing Address 1238 W. Kemper Rd

City Cincinnati State OH Zip Code 45240

Purpose of Disbursement  
Jessica Miranda, STATE HOUSE OH

Category/  
Type

Candidate Name  
**Miranda, Jessica, , ,**

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 / 07 / 2022

FEC Identification Number

**Transaction ID : 26579651**  
Amount of Each Disbursement this Period  
  
Jessica Miranda, STATE HOUSE OH  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Bill Dean for Ohio**

Mailing Address 649 N. Monroe Dr.

City Xenia State OH Zip Code 45385

Purpose of Disbursement  
Bill Dean, STATE HOUSE OH

Category/  
Type

Candidate Name  
**Dean, Bill, , ,**

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 / 07 / 2022

FEC Identification Number

**Transaction ID : 26579652**  
Amount of Each Disbursement this Period  
  
Bill Dean, STATE HOUSE OH  
 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 Dontavius Jarrells**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2022

Mailing Address 222 East Town Street

FEC Identification Number

C	
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**Transaction ID : 26579656**

Amount of Each Disbursement this Period

	1000.00
--	---------

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Dontavius Jarrells, STATE HOUSE OH

011
Category/ Type

Candidate Name  
**Jarrells, Dontavius, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item Dontavius Jarrells, STATE HOUSE OH

Full Name (Last, First, Middle Initial)

**B. Friends of Kris Jordan**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2022

Mailing Address 7740 Marysville Road

FEC Identification Number

C	
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**Transaction ID : 26579657**

Amount of Each Disbursement this Period

	2500.00
--	---------

City Ostrander State OH Zip Code 43061

Purpose of Disbursement  
Kris Jordan, STATE SENATE OH

011
Category/ Type

Candidate Name  
**Jordan, Kris, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item Kris Jordan, STATE SENATE OH

Full Name (Last, First, Middle Initial)

**C. Friends of Tom Patton**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2022

Mailing Address 17157 Rabbit Run Dr

FEC Identification Number

C	
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**Transaction ID : 26579661**

Amount of Each Disbursement this Period

	2000.00
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City Strongsville State OH Zip Code 44136

Purpose of Disbursement  
Tom Patton, STATE HOUSE OH

011
Category/ Type

Candidate Name  
**Patton, Tom, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item Tom Patton, STATE HOUSE OH

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

5500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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  
Jeff LaRe, STATE HOUSE OH

Category/  
Type

Candidate Name

**LaRe, Jeff, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 26579662**

Amount of Each Disbursement this Period

Jeff LaRe, STATE HOUSE OH

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Bride Rose Sweeney**

Mailing Address 3632 W 133rd St

City Cleveland State OH Zip Code 44111

Purpose of Disbursement  
Bride Sweeney, STATE HOUSE OH

Category/  
Type

Candidate Name

**Sweeney, Bride, Rose, ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 26579663**

Amount of Each Disbursement this Period

Bride Sweeney, STATE HOUSE OH

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends to Elect Terrence Upchurch**

Mailing Address 1426 Clearaire Road

City Cleveland State OH Zip Code 44110

Purpose of Disbursement  
Terrence Upchurch, STATE HOUSE OH

Category/  
Type

Candidate Name

**Upchurch, Terrence, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 26579664**

Amount of Each Disbursement this Period

Terrence Upchurch, STATE HOUSE OH

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

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 Y Y  
 10 / 07 / 2022

FEC Identification Number  
  
**Transaction ID : 26579665**  
 Amount of Each Disbursement this Period  
  
 William Seitz, STATE SENATE 8th OH  
 Memo Item OH

Full Name (Last, First, Middle Initial)

**B. Citizens to Elect Allison Russo**

Mailing Address 1850 Tewksbury Road

City Columbus State OH Zip Code 43221

Purpose of Disbursement Allison Russo, STATE HOUSE OH

Category/Type

Candidate Name Russo, Allison, , ,

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 / 07 / 2022

FEC Identification Number  
  
**Transaction ID : 26579667**  
 Amount of Each Disbursement this Period  
  
 Allison Russo, STATE HOUSE OH  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for Richard Brown**

Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Richard Brown, STATE HOUSE OH

Category/Type

Candidate Name Brown, Richard, , ,

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 / 07 / 2022

FEC Identification Number  
  
**Transaction ID : 26579671**  
 Amount of Each Disbursement this Period  
  
 Richard Brown, STATE HOUSE OH  
 Memo Item OH

**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

011

Candidate Name Romanchuk, Mark, , ,

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2022

FEC Identification Number

C  
 Transaction ID : 26579672  
 Amount of Each Disbursement this Period  
 2500.00  
 Mark Romanchuk, STATE HOUSE OH  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Hearcel F. Craig**

Mailing Address 545 E Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Hearcel Craig, STATE SENATE OH

011

Candidate Name Craig, Hearcel, , ,

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2022

FEC Identification Number

C  
 Transaction ID : 26579673  
 Amount of Each Disbursement this Period  
 1500.00  
 Hearcel Craig, STATE SENATE OH  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Brenner for Ohio**

Mailing Address 8824 Clearview Ct.

City Powell State OH Zip Code 43065

Purpose of Disbursement Andrew Brenner, STATE HOUSE OH

011

Candidate Name Brenner, Andrew, , ,

Category/Type

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

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2022

FEC Identification Number

C  
 Transaction ID : 26579674  
 Amount of Each Disbursement this Period  
 1000.00  
 Andrew Brenner, STATE HOUSE OH  
 Memo Item

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

5000.00

**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 Matt Dolan**

Mailing Address 2206 Superior Viaduct, Suite 401

City Cleveland State OH Zip Code 44113

Purpose of Disbursement  
Matt Dolan, STATE SENATE OH

011

Category/  
Type

Candidate Name  
**Dolan, Matt, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2022

FEC Identification Number

C [ ]

Transaction ID : 26579675

Amount of Each Disbursement this Period

[ ] 2500.00

Matt Dolan, STATE SENATE OH

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Hottinger**

Mailing Address 2135 Horns Hill Road

City Newark State OH Zip Code 43055

Purpose of Disbursement  
Jay Hottinger, STATE SENATE 31st OH

011

Category/  
Type

Candidate Name  
**Hottinger, Jay, , OH Sen.,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2022

FEC Identification Number

C [ ]

Transaction ID : 26579676

Amount of Each Disbursement this Period

[ ] 2500.00

Jay Hottinger, STATE SENATE 31st OH

Memo Item

Full Name (Last, First, Middle Initial)

**C. Steve Huffman for Ohio**

Mailing Address 331 South Market St.

City Troy State OH Zip Code 45373

Purpose of Disbursement  
Stephen Huffman, STATE HOUSE OH

011

Category/  
Type

Candidate Name  
**Huffman, Stephen, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2022

FEC Identification Number

C [ ]

Transaction ID : 26579677

Amount of Each Disbursement this Period

[ ] 1000.00

Stephen Huffman, STATE HOUSE OH

Memo Item

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

[ ] 6000.00

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Renaissance Health Service Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Citizens for Stephanie Kunze**

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement Stephanie Kunze, STATE SENATE OH

Category/Type

Candidate Name Kunze, Stephanie, , ,

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 / 07 / 2022

FEC Identification Number  
  
**Transaction ID : 26579678**  
 Amount of Each Disbursement this Period  
  
 Stephanie Kunze, STATE SENATE OH  
 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 Cecil Thomas, STATE SENATE OH

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 / 07 / 2022

FEC Identification Number  
  
**Transaction ID : 26579679**  
 Amount of Each Disbursement this Period  
  
 Cecil Thomas, STATE SENATE OH  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Steve Wilson for Ohio**

Mailing Address 102 E. Orchard Ave.

City Lebanon State OH Zip Code 45036

Purpose of Disbursement Steve Wilson, STATE SENATE OH

Category/Type

Candidate Name Wilson, Steve, , ,

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 / 07 / 2022

FEC Identification Number  
  
**Transaction ID : 26579680**  
 Amount of Each Disbursement this Period  
  
 Steve Wilson, STATE SENATE OH  
 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 Matt Huffman, STATE SENATE OH

011

Candidate Name Huffman, Matt, , ,

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2022

FEC Identification Number

C [ ]

Transaction ID : 26579681

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item  Matt Huffman, STATE SENATE OH

Full Name (Last, First, Middle Initial)

**B. Citizens for McColley**

Mailing Address 15 Lemans Drive

City Napoleon State OH Zip Code 43545

Purpose of Disbursement Robert McColley, STATE HOUSE OH

011

Candidate Name McColley, Robert, , ,

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2022

FEC Identification Number

C [ ]

Transaction ID : 26579682

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item  Robert McColley, STATE HOUSE OH

Full Name (Last, First, Middle Initial)

**C. Friends of Nickie J. Antonio**

Mailing Address 1305 Belle Avenue

City Lakewood State OH Zip Code 44107

Purpose of Disbursement Nickie Antonio, STATE HOUSE 13th OH

011

Candidate Name Antonio, Nickie, , OH Rep.,

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2022

FEC Identification Number

C [ ]

Transaction ID : 26579683

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item  Nickie Antonio, STATE HOUSE 13th OH

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

[ ] 6000.00

**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**

**A. Citizens for Gavarone**

Full Name (Last, First, Middle Initial)  
Mailing Address 1537 Cedar Lane

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement  
Theresa Gavarone, STATE HOUSE OH

Candidate Name  
**Gavarone, Theresa, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2022

FEC Identification Number: C  
Transaction ID : 26579684  
Amount of Each Disbursement this Period: 1000.00  
Theresa Gavarone, STATE HOUSE OH  
 Memo Item

**B. Citizens for Blessing**

Full Name (Last, First, Middle Initial)  
Mailing Address 3378 Dolomar Drive

City Cincinnati State OH Zip Code 45239

Purpose of Disbursement  
Louis Blessing, STATE SENATE OH

Candidate Name  
**Blessing, Louis, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2022

FEC Identification Number: C  
Transaction ID : 26579685  
Amount of Each Disbursement this Period: 1000.00  
Louis Blessing, STATE SENATE OH  
 Memo Item

**C. Nathan Manning for Ohio**

Full Name (Last, First, Middle Initial)  
Mailing Address 7064 Avon Belden Road

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement  
Nathan Manning, STATE SENATE OH

Candidate Name  
**Manning, Nathan, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2022

FEC Identification Number: C  
Transaction ID : 26579686  
Amount of Each Disbursement this Period: 1000.00  
Nathan Manning, STATE SENATE OH  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3000.00

**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. Committee to Elect Manning

Mailing Address 7064 Avan Belden Rd

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement  
Gayle Manning, STATE SENATE 13th OH

Candidate Name  
**Manning, Gayle, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2022

FEC Identification Number

C  
Transaction ID : 26579687  
Amount of Each Disbursement this Period  
1000.00

Memo Item Gayle Manning, STATE SENATE 13th OH

Full Name (Last, First, Middle Initial)

### B. OLBC Political Action Fund

Mailing Address 545 E. Town St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2022

FEC Identification Number

C  
Transaction ID : 26579689  
Amount of Each Disbursement this Period  
2500.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

### C. LaRe for Ohio

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Void - LaRe for Ohio

Candidate Name  
**LaRe, Jeff, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2022

FEC Identification Number

C  
Transaction ID : 26580230  
Amount of Each Disbursement this Period  
- 500.00  
Void - LaRe for Ohio

Memo Item

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

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

3000.00

**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 Hottinger**

Mailing Address 2135 Horns Hill Road

City Newark State OH Zip Code 43055

Purpose of Disbursement  
Void - Citizens for Hottinger

Category/  
Type

Candidate Name  
**Hottinger, Jay, , OH Sen.,**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 26580231**  
Amount of Each Disbursement this Period

Memo Item Void - Citizens for Hottinger

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  
Void - Friends of George Lang

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 26580232**  
Amount of Each Disbursement this Period

Memo Item Void - Friends of George Lang

Full Name (Last, First, Middle Initial)

**C. Nathan Manning for Ohio**

Mailing Address 7064 Avon Belden Road

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement  
Void - Nathan Manning for Ohio

Category/  
Type

Candidate Name  
**Manning, Nathan, , ,**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 26580233**  
Amount of Each Disbursement this Period

Memo Item Void - Nathan Manning for Ohio

**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  
Void - Romanchuk for Ohio

011

Category/  
Type

Candidate Name  
**Romanchuk, Mark, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : 26580234

Amount of Each Disbursement this Period

[REDACTED] - 1000.00

Void - Romanchuk for Ohio

Memo Item

Full Name (Last, First, Middle Initial)

**B. DeWine Husted For Ohio**

Mailing Address 2587 Conley Rd

City Cedarville State OH Zip Code 45314

Purpose of Disbursement  
Mike DeWine, GOVERNOR OH

011

Category/  
Type

Candidate Name  
**DeWine, Mike, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : 26583614

Amount of Each Disbursement this Period

[REDACTED] 6001.81

Mike DeWine, GOVERNOR OH

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wilkin for Ohio**

Mailing Address 4151 E Danville Road

City Hillsboro State OH Zip Code 45133

Purpose of Disbursement  
Shane Wilkin, STATE SENATE OH

011

Category/  
Type

Candidate Name  
**Wilkin, Shane, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : 26583615

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Shane Wilkin, STATE SENATE OH

Memo Item

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

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

[REDACTED] 6001.81

[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**

**A. Callendar For Ohio**

Full Name (Last, First, Middle Initial)  
Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Jamie Callendar, STATE HOUSE OH

Candidate Name  
**Callendar, Jamie, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 10 / 17 / 2022

FEC Identification Number: C  
Transaction ID : 26583616  
Amount of Each Disbursement this Period: 3500.00  
Memo Item  Jamie Callendar, STATE HOUSE OH

**B. Jones for Ohio**

Full Name (Last, First, Middle Initial)  
Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Don Jones, STATE HOUSE OH

Candidate Name  
**Jones, Don, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 10 / 17 / 2022

FEC Identification Number: C  
Transaction ID : 26583617  
Amount of Each Disbursement this Period: 1000.00  
Memo Item  Don Jones, STATE HOUSE OH

**C. Abrams for Ohio**

Full Name (Last, First, Middle Initial)  
Mailing Address 92 Fawn Drive

City Harrison State OH Zip Code 45030

Purpose of Disbursement  
Cindy Abrams, STATE HOUSE OH

Candidate Name  
**Abrams, Cindy, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 10 / 17 / 2022

FEC Identification Number: C  
Transaction ID : 26583618  
Amount of Each Disbursement this Period: 1000.00  
Memo Item  Cindy Abrams, STATE HOUSE OH

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5500.00

**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. Team West Committee**

Mailing Address 545 E Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Thomas West, STATE HOUSE OH

Category/  
Type

Candidate Name  
**West, Thomas, , ,**

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 / 17 / 2022

FEC Identification Number  
  
**Transaction ID : 26583619**  
Amount of Each Disbursement this Period

Thomas West, 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  
George Lang, STATE HOUSE OH

Category/  
Type

Candidate Name  
**Lang, George, , ,**

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 / 17 / 2022

FEC Identification Number  
  
**Transaction ID : 26583626**  
Amount of Each Disbursement this Period

George Lang, STATE HOUSE OH  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Tim Schaffer for Ohio Senate**

Mailing Address 1173 Stone Run Ct

City Lancaster State OH Zip Code 43130

Purpose of Disbursement  
Tim Schaffer, STATE SENATE OH

Category/  
Type

Candidate Name  
**Schaffer, Tim, , ,**

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 / 17 / 2022

FEC Identification Number  
  
**Transaction ID : 26583627**  
Amount of Each Disbursement this Period

Tim Schaffer, STATE SENATE OH  
 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 Schuring Committee**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2022			

Mailing Address 330 Third St NW

City  
Canton

State  
OH

Zip Code  
44702

FEC Identification Number

C
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**Transaction ID : 26583628**

Amount of Each Disbursement this Period

2500.00
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Purpose of Disbursement  
Kirk Schuring, STATE SENATE OH

011
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Candidate Name

**Schuring, Kirk, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item Kirk Schuring, STATE SENATE OH

Full Name (Last, First, Middle Initial)

**B. Kristina Daley Roegner For Ohio**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2022			

Mailing Address 1556 East Hines Hill Rd

City  
Hudson

State  
OH

Zip Code  
44236

FEC Identification Number

C
---

**Transaction ID : 26583629**

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Kristina Daley, STATE SENATE OH

011
-----

Candidate Name

**Daley, Kristina, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item Kristina Daley, STATE SENATE OH

Full Name (Last, First, Middle Initial)

**C. Stephens for Ohio**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2022			

Mailing Address 4679 Winterset Drive

City  
Columbus

State  
OH

Zip Code  
43220

FEC Identification Number

C
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**Transaction ID : 26583631**

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Jason Stephens, STATE HOUSE OH

011
-----

Candidate Name

**Stephens, Jason, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item Jason Stephens, STATE HOUSE OH

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

6000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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 House Republican Organizational Committee**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2022			

FEC Identification Number  
  
**Transaction ID : 26583632**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ohio House Democratic Caucus**

Mailing Address 340 East Fulton

City Columbus State OH Zip Code 43215

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
10			17			2022			

FEC Identification Number  
  
**Transaction ID : 26583633**  
 Amount of Each Disbursement this Period  
  
 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

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
10			17			2022			

FEC Identification Number  
  
**Transaction ID : 26583634**  
 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. Ohio Senate Democrats**

Mailing Address 545 E. Town St.

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2022			

FEC Identification Number

Transaction ID : 26583636

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:

Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

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

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	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).....▶