

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="87319.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="87319.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5362.65"/>	<input type="text" value="5362.65"/>
(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="92681.98"/>	<input type="text" value="92681.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10700.00"/>	<input type="text" value="10700.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="81981.98"/>	<input type="text" value="81981.98"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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: 01 / 01 / 2015 To: 06 / 30 / 2015

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).....	5150.00	5150.00
(ii) Unitemized	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5350.00	5350.00
(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)	5350.00	5350.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	12.65	12.65
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))..... ▶	5362.65	5362.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5362.65	5362.65

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
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.....	4700.00	4700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	6000.00	6000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	10700.00	10700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10700.00	10700.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5350.00	5350.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5350.00	5350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. Jack Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 Airport Road
 City Waterford State MI Zip Code 48327-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Perpetua Parish Occupation Pastor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : 22508708
 Amount of Each Receipt this Period
500.00
 Contribution

B. John Breza D.D.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address 52539 Southdown
 City Shelby Township State MI Zip Code 48316-3458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John A Breza, D.D.S. Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : 22508709
 Amount of Each Receipt this Period
500.00
 Contribution

C. Thomas J Gant DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 41201 Little Dr.
 City Clinton Twp State MI Zip Code 48036-1411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : 22508710
 Amount of Each Receipt this Period
500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. James P. Hallan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2490 Overglen Ct.
 City East Lansing State MI Zip Code 48823-9475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MI Retailers Association Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 22508711
 Amount of Each Receipt this Period
 500.00
 Contribution

B. Kerry M Kaysserian DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4391 Silver Valley Lane
 City Traverse City State MI Zip Code 49684-8796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 22508712
 Amount of Each Receipt this Period
 500.00
 Contribution

C. Joseph Pinto DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 46830 Danbridge
 City Plymouth State MI Zip Code 48170-3013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : 22508714
 Amount of Each Receipt this Period
 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. James L Pittman DDS, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 Lewis Ave.
 City Saint Joseph State MI Zip Code 49085-1766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Consultant Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 15 / 2015**
Transaction ID : 22508715
 Amount of Each Receipt this Period **500.00**
 Contribution

B. Lonny E Zietz D.D.S, M.S
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Cramton NE
 City Ada State MI Zip Code 49301-9582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lonny E. Zietz DDS, MS Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 15 / 2015**
Transaction ID : 22508716
 Amount of Each Receipt this Period **500.00**
 Contribution

C. Wilbert C Fletke DDS, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Brookside Dr.
 City Lansing State MI Zip Code 48917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **06 / 25 / 2015**
Transaction ID : 22516609
 Amount of Each Receipt this Period **400.00**
 Contribution

SUBTOTAL of Receipts This Page (optional)..... **1400.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. Beach Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 264 South Lake St.
 City Rogers City State MI Zip Code 49779-1714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Benefits Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 22516610
 Amount of Each Receipt this Period
 250.00

B. Lawrence D Crawford DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3726 Rosewood Lane
 City Rochester Hills State MI Zip Code 48309-1079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DBM Technologies Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 22516611
 Amount of Each Receipt this Period
 500.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	5150.00

**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"/> 24	<input type="checkbox"/> 25	<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. Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Frederick Upton

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	5

Transaction ID : 22313545

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Patrick Tiberi

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	5

Transaction ID : 22365349

Amount of Each Disbursement this Period

1	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Peters for Michigan

Mailing Address P.O. Box 2226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement Contribution

011

Candidate Name

Gary Peters

Category/
Type

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

Transaction ID : 22469523

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

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

4	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	2	0	0	0	0	0	0	0	0
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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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. John Moolenaar for Congress

Mailing Address P.O. Box 2192

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

011

Candidate Name

John Moolenaar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2015

Transaction ID : 22469528

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. John Moolenaar for Congress

Mailing Address P.O. Box 2192

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

011

Candidate Name

John Moolenaar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2015

Transaction ID : 22497085

Amount of Each Disbursement this Period

250.00

Contribution

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

500.00

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

4700.00

**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"/> 24	<input type="checkbox"/> 25	<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. OLBC Political Action Fund

Mailing Address 545 E. Town St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2015

Transaction ID : 22307513

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. House Democratic Caucus Fund

Mailing Address 340 E. Fulton St.

City Columbus State OH Zip Code 43017

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2015

Transaction ID : 22343504

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for Anne Gonzales

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

OH Rep. Anne Gonzales

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2015

Transaction ID : 22347002

Amount of Each Disbursement this Period

350.00

Contribution

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

1100.00

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"/> 24	<input type="checkbox"/> 25	<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 Burke

Mailing Address 275 W. 4th Street

City Marysville State OH Zip Code 43040

Purpose of Disbursement Contribution

011

Candidate Name

OH Sen. Dave Burke

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2015

Transaction ID : 22347003

Amount of Each Disbursement this Period

500.00

Contribution

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 Contribution

011

Candidate Name

OH Sen. Jay Hottinger

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2015

Transaction ID : 22347004

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Shannon Jones

Mailing Address 800 Valley View Point

City Springboro State OH Zip Code 45066

Purpose of Disbursement Contribution

011

Candidate Name

OH Sen. Shannon Jones

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2015

Transaction ID : 22347005

Amount of Each Disbursement this Period

500.00

Contribution

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

1500.00

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"/> 24	<input type="checkbox"/> 25	<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. Oelslager for Ohio Committee

Mailing Address 6706 Lake Cable Avenue NW

City North Canton State OH Zip Code 44720

Purpose of Disbursement
Contribution

011

Candidate Name

OH Sen. Scott Oelslager

Category/
Type

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 Y
03	/	12	/	2015

Transaction ID : 22347006

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens for Kevin Bacon

Mailing Address 260 North Cassady Avenue

City Columbus State OH Zip Code 43209

Purpose of Disbursement
Contribution

011

Candidate Name

OH Sen. Kevin Bacon

Category/
Type

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 Y
03	/	12	/	2015

Transaction ID : 22347007

Amount of Each Disbursement this Period

500.00

Contribution

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
Contribution

011

Candidate Name

OH Rep. Nickie Antonio

Category/
Type

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 Y
03	/	19	/	2015

Transaction ID : 22360111

Amount of Each Disbursement this Period

300.00

Contribution

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

1300.00

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"/> 24	<input type="checkbox"/> 25	<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. Steve Huffman for State Rep

Mailing Address P.O. Box 739

City State Zip Code
Troy OH 45373

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Stephen Huffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2015

Transaction ID : 22365345

Amount of Each Disbursement this Period

350.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Fred Strahorn

Mailing Address 531 Belmont

City State Zip Code
Dayton OH 45404

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Fred Strahorn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2015

Transaction ID : 22365346

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Emilia Sykes Campaign

Mailing Address 109 N. Howard St., #A

City State Zip Code
Akron OH 44308

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Emilia Sykes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2015

Transaction ID : 22365347

Amount of Each Disbursement this Period

250.00

Contribution

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

1100.00

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"/> 24	<input type="checkbox"/> 25	<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 Sears

Mailing Address P.O. Box

City State Zip Code
Sylvania OH 43560

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Barbara Sears

Category/
Type

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	4		1	6		2	0	1	5

Transaction ID : 22409392

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Dan Ramos

Mailing Address 1828 W. 38th Street

City State Zip Code
Lorain OH 44053

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Dan Ramos

Category/
Type

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	6		1	1		2	0	1	5

Transaction ID : 22499817

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for Bishoff

Mailing Address 2902 Braden Way

City State Zip Code
Blacklick OH 43004

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Heather Bishoff

Category/
Type

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	6		1	8		2	0	1	5

Transaction ID : 22509552

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Contribution

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

1	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

6	0	0	0	0	0	0	0	0	0
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