PAGE 1 / 16

Image# 201507319000479493

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

ronw 3X	For Other Than An A	uthorized Committe	ee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	a type	4 6 4 4 4		
COMMITTEE (in full)	,	over the lines.	g, typo	12FE4M5		
Renaissance Healtl	h Service Corporation	Political Action Co	ommittee			
ADDRESS (number and stree	t) P.O. Box 293					
Check if different						
than previously reported. (ACC)	Okemos			MI	48864	
2. FEC IDENTIFICATION	N NUMBER ▼	CITY A	5	STATE A	ZIP COI	DE 🛦
C C00450288	3.		EW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	Report	eb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	un 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Repo	ort (O1)	pr 20 (M4)	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15 Quarterly Repo	ort (Q2) PRE-Election	Primary (12P		General (Runoff (12R)
October 15 Quarterly Repo	Report for the:	Convention (120)	Special (
January 31 Year-End Repo	ort (YE) Elec	ction on	D D /	Y	in the State o	f
July 31 Mid-Ye Report (Non-el Year Only) (MY	ection (d) 30-Day POST-Election Report for the:		j)	Runoff (3	0R)	Special (30S)
Termination Re (TER)	port	otion on	D D /	Y = Y = Y	in the State o	f
5. Covering Period	01 01 2018		M M M	/ D D /	2015	
I certify that I have examine	ed this Report and to the best	of my knowledge and b	elief it is tru	e, correct and	l complete.	
Type or Print Name of Trea	surer Richard Lantz					
Signature of Treasurer	Richard Lantz	[Electronically	Filed] D	ate 07	31 /	2015
NOTE: Submission of false, e	erroneous, or incomplete informa	tion may subject the pers	on signing th	is Report to th	e penalties of 2 L	J.S.C. §437g.
Office Use					FEC FOR Rev. 12/20	
Only						

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: 01 01 2015 To: 06 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		87319.33
	(b) Cash on Hand at Beginning of Reporting Period	87319.33	
	(c) Total Receipts (from Line 19)	5362.65	5362.65
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	92681.98	92681.98
7.	Total Disbursements (from Line 31)	10700.00	10700.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	81981.98	81981.98
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

R	eport Covering the Period: From: 01	012015 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(iii) TOTAL (add	, , , , , 200.00	200.00			
	Lines 11(a)(i) and (ii)▶	5350.00	5350.00			
	(b) Political Party Committees	0.00	0.00			
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00			
	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			
	Lasa Baranarata Basainad	0.00	0.00			
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00			
16.	(Carry Totals to Line 37, page 5)	0.00	0.00			
	to Federal Candidates and Other Political Committees	0.00	0.00			
	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
. Operating Expenditures: – (a) Allocated Federal/Non-Federal	10101 11110 1 01100	Calelidai Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(") No. 5 1 - 1 0 1 0 1 - 1	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures	7 7	7 7
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	4700.00	4700.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
ï		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(3001 03 1 703)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Oll Did		2002.00
Other Disbursements	6000.00	6000.00
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) "Lovin" Shara	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Diaburaamenta (add Lines 01/a) 00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10700.00	40700 00
20, 27, 20, 20, 21, 20(u), 28 dilu 30(c))	10700.00	10700.00
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5350.00	5350.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5350.00	5350.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Renaissance Health Service	Corporation Political Action Commit	tee
Full Name (Last, First, Middle Initial) 1. Jack Baker		Date of Receipt
Mailing Address 134 Airport Road		05 15 2015
City Waterford	State Zip Code MI 48327-1701	Transaction ID : 22508708 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St. Perpetua Parish	Occupation Pastor	-
Receipt For: Primary Other (specify)	Aggregate Year-to-Date ▼ 500.00	Contribution
Full Name (Last, First, Middle Initial) 3. John Breza D.D.S.	,	Date of Receipt
Mailing Address 52539 Southdown		05 15 2015
City	State Zip Code	Transaction ID: 22508709
Shelby Township	MI 48316-3458	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
John A Breza, D.D.S.	Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution
Full Name (Last, First, Middle Initial) C. Thomas J Gant DDS	·	Date of Receipt
Mailing Address 41201 Little Dr.		05 15 2015
City Clinton Twp	State Zip Code MI 48036-1411	Transaction ID : 22508710 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Retired	Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	Contribution
SUBTOTAL of Receipts This Page (optional)	·····	1500.00
TOTAL This Period (last page this line numb	per only)	

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

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

I OIT EITE HOMBETH					PAGE	=	7	OF	16
(check only one)									
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

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

or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Renaissance Health Service C	corporation Political Action Commit	tee
Full Name (Last, First, Middle Initial) James P. Hallan		Date of Receipt
Mailing Address 2490 Overglen Ct.		05 15 2015
City	State Zip Code	Transaction ID : 22508711
East Lansing	MI 48823-9475	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
MI Retailers Association	President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution
Full Name (Last, First, Middle Initial) Kerry M Kaysserian DDS		Date of Receipt
Mailing Address 4391 Silver Valley Lane City	State Zip Code	05 15 2015
Traverse City	MI 49684-8796	Transaction ID : 22508712 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-employed	Occupation Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution
Full Name (Last, First, Middle Initial) Joseph Pinto DDS	•	Date of Receipt
Mailing Address 46830 Danbridge		05 15 2015
City Plymouth	State Zip Code MI 48170-3013	Transaction ID : 22508714 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Retired	Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	Contribution
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Renaissance Health Service	Corporation Political Action Commit	tee
Full Name (Last, First, Middle Initial) James L Pittman DDS, MS Mailing Address 1301 Lewis Ave.		Date of Receipt
City	State Zip Code	05 15 2015 Transaction ID : 22508715
Saint Joseph	MI 49085-1766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Self-employed	Consultant Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution
Full Name (Last, First, Middle Initial) Lonny E Zietz D.D.S, M.S	·	Date of Receipt
Mailing Address 1111 Cramton NE		05 15 2015
City	State Zip Code	Transaction ID : 22508716
Ada	MI 49301-9582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Lonny E. Zietz DDS, MS	Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution
Full Name (Last, First, Middle Initial) C. Wilbert C Fletke DDS, MS	<u>'</u>	Date of Receipt
Mailing Address 130 Brookside Dr.		06 25 2015
City Lansing	State Zip Code MI 48917	Transaction ID : 22516609
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer	Occupation	-
Retired	Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optiona	l) >	1400.00
TOTAL This Period (last page this line num	ber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

I OIT LINE HOMBEIN					PAGE	=	9	OF	16	
(check only one)										
[X	11a		11b		11c		12	2	
		13		14		15		16	6	17

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

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Renaissance Health Service Co	rporation Political Action Committ	ee
۹.	Full Name (Last, First, Middle Initial) Beach Hall Mailing Address 264 South Lake St.		Date of Receipt
	City Rogers City FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code MI 49779-1714 C Occupation Benefits Manager Aggregate Year-to-Date ▼ 250.00	7 Transaction ID : 22516610 Amount of Each Receipt this Period 250.00
	Full Name (Last, First, Middle Initial) Lawrence D Crawford DDS Mailing Address 3726 Rosewood Lane City Rochester Hills FEC ID number of contributing federal political committee. Name of Employer DBM Technologies Receipt For: Primary General Other (specify) Other (specify)	State Zip Code MI 48309-1079 C Occupation President & CEO Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
S	UBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
т	OTAL This Period (last page this line number of	only)	5150.00

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 10 OF 16
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	ne (orlook orliy	
	Detailed Summary Page	ge \square^{210}	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	ino and address of any po		conort continuations from such committee.
Renaissance Health Service Corp	oration Political A	ction Committ	99
Renaissance mealth Service Corp	oration i ontical At	CHOIT COMMINIC	66
Full Name (Last, First, Middle Initial)			
^{A.} Upton For All Of Us			Date of Disbursement
Mailing Address D.O. Day 100			M M / D D / Y Y Y Y Y
Mailing Address P.O. Box 490			02 26 2015
City	State Zip Code		
St. Joseph	MI 49085		Transaction ID: 22313545
Purpose of Disbursement Contribution		100	
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Rep. Frederick Upton Office Sought: House Disburse	ement For: 2016	Туре	
Senate Seaght.	Primary Senera	al	Contribution
President	Other (specify)		Contribution
State: MI District: 06			
Full Name (Last, First, Middle Initial)			
B. Tiberi For Congress			Date of Disbursement
Matter Address Davidson			M M / D D / Y Y Y Y Y
Mailing Address 2931 E Dublin Granville Road Suite 190			03 26 2015
City	State Zip Code		
Oity			
Columbus	OH 43231		Transaction ID: 22365349
Columbus Purpose of Disbursement	· ·		
Columbus Purpose of Disbursement Contribution	· ·	011	Amount of Each Disbursement this Period
Columbus Purpose of Disbursement Contribution Candidate Name	· ·	Category/	
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi	OH 43231		Amount of Each Disbursement this Period
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi	OH 43231 ment For: 2016	Category/ Type	Amount of Each Disbursement this Period 1200.00
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Disburse	OH 43231	Category/ Type	Amount of Each Disbursement this Period
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate Disburse	OH 43231 ment For: 2016 Primary Genera	Category/ Type	Amount of Each Disbursement this Period 1200.00
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: Yes House Disburse	OH 43231 ment For: 2016 Primary Genera	Category/ Type	Amount of Each Disbursement this Period 1200.00 Contribution
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate President State: OH District: 12	OH 43231 ment For: 2016 Primary Genera	Category/ Type	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. Peters for Michigan	OH 43231 ment For: 2016 Primary Genera	Category/ Type	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: Yes House Disburse	OH 43231 ment For: 2016 Primary Genera	Category/ Type	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. Peters for Michigan	OH 43231 ment For: 2016 Primary Genera	Category/ Type	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement 05
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. Peters for Michigan Mailing Address P.O. Box 2226 City Bloomfield Hills	oment For: 2016 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. Peters for Michigan Mailing Address P.O. Box 2226 City	OH 43231 The second of the control	Category/ Type	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement 05
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. Peters for Michigan Mailing Address P.O. Box 2226 City Bloomfield Hills Purpose of Disbursement Contribution	OH 43231 The second of the control	Category/ Type	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement 05
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. Peters for Michigan Mailing Address P.O. Box 2226 City Bloomfield Hills Purpose of Disbursement Contribution Candidate Name	OH 43231 The second of the control	Category/ Type al O11 Category/	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement 05
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. Peters for Michigan Mailing Address P.O. Box 2226 City Bloomfield Hills Purpose of Disbursement Contribution Candidate Name Gary Peters	OH 43231 The second of the control	Category/ Type	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement 05
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. Peters for Michigan Mailing Address P.O. Box 2226 City Bloomfield Hills Purpose of Disbursement Contribution Candidate Name Gary Peters Office Sought: House Senate	OH 43231 Tement For: 2016 Primary	Category/ Type al O11 Category/ Type	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement 05
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate President	OH 43231 The ment For: 2016 Primary General Other (specify) State Zip Code MI 48303	Category/ Type al O11 Category/ Type	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement 05
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. Peters for Michigan Mailing Address P.O. Box 2226 City Bloomfield Hills Purpose of Disbursement Contribution Candidate Name Gary Peters Office Sought: House Senate	OH 43231 Tement For: 2016 Primary	Category/ Type al O11 Category/ Type	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement 05
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. Peters for Michigan Mailing Address P.O. Box 2226 City Bloomfield Hills Purpose of Disbursement Contribution Candidate Name Gary Peters Office Sought: House Senate President State: MI District:	oment For: 2016 Primary General Other (specify) State Zip Code MI 48303 oment For: 2016 Primary General General Other (specify)	Category/ Type al O11 Category/ Type al	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Columbus Purpose of Disbursement Contribution Candidate Name Rep. Patrick Tiberi Office Sought: House Senate President	oment For: 2016 Primary General Other (specify) State Zip Code MI 48303 oment For: 2016 Primary General General Other (specify)	Category/ Type al O11 Category/ Type al	Amount of Each Disbursement this Period 1200.00 Contribution Date of Disbursement 05

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAG	GE 11 OF 16
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b	one) 22 X 23 24	25 26
Any information copied from such Reports and Statem	nents may not be sold or use	ed by any perso	n for the purpose of soliciting	29 30
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Renaissance Health Service Corpo	ration Political Action	n Committe	ee	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. John Moolenaar for Congress	John Moolenaar for Congress			
Mailing Address P.O. Box 2192			05 28	2015
•	State Zip Code		Transaction ID : 2246952	·8
Midland	MI 48640		Transaction ID : 2240332	.0
Purpose of Disbursement Contribution		011	Amount of Each Disbursem	nent this Period
Candidate Name		Category/		252.22
John Moolenaar		Type		250.00
Senate President	nent For: 2016 Primary		Contribution	
State: MI District: 04				
Full Name (Last, First, Middle Initial)			Data of Disharasana	
3. John Moolenaar for Congress			Date of Disbursement	
Mailing Address P.O. Box 2192		06 04 Y	2015	
City	State Zip Code		Transaction ID : 2249708	25
Midland	MI 48640		Transaction ID : 2243700	.5
Purpose of Disbursement Contribution		011	Amount of Each Disbursen	nent this Period
Candidate Name		Category/		250.00
John Moolenaar		Type		250.00
Senate	nent For: 2016 Primary		Contribution	
Full Name (Last, First, Middle Initial)				
C.		Date of Disbursement		
Mailing Address		M M / D D / Y	YYY	
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each Disbursem	nent this Period
	nent For: Primary General Other (specify)	.,,,,,		
SUBTOTAL of Disbursements This Page (optional)		·····•		500.00
TOTAL This Period (last page this line number only).				4700.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30b			
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NAME OF COMMITTEE (In Full)						
Renaissance Health Service Corpo	ration Political Action	n Committe	ee			
Full Name (Last, First, Middle Initial)			Data of Dishurasment			
A. OLBC Political Action Fund			Date of Disbursement			
Mailing Address 545 E. Town St.			02 19 2015			
•	tate Zip Code		Transaction ID: 22307513			
Columbus Purpose of Disbursement	OH 43215					
Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	250.00			
Office Sought: House Disbursem	pont For:	Туре	200.00			
Senate	Primary General Other (specify) ▼		Contribution			
State: District:	(a) (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b					
Full Name (Last, First, Middle Initial)						
B. House Democratic Caucus Fund			Date of Disbursement			
Mailing Address 340 E. Fulton St.			03 05 7 2015			
Columbus	tate Zip Code OH 43017		Transaction ID: 22343504			
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	500.00			
	nent For: Primary General Other (specify)		Contribution			
Full Name (Last, First, Middle Initial)						
C. Citizens for Anne Gonzales			Date of Disbursement			
Mailing Address 865 Macon Alley		03 12 2015				
,	tate Zip Code OH 43206		Transaction ID : 22347002			
Purpose of Disbursement Contribution						
Candidate Name OH Rep. Anne Gonzales	O11 Category/	Amount of Each Disbursement this Period 350.00				
Office Sought: House Disbursem	ent For:	Туре				
Senate	Primary General Other (specify) ▼		Contribution			
State: District:						
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			1100.00			

S	CHEDULE B (FEC Form 3X)	Hoo consents refer to 1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		NUMBER:	PAGE 13 OF 16
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		Detailed Summary Page	27		28c X 29 30b
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	for commercial purposes, other than using the name				
$ \setminus $	NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , 			
//	Renaissance Health Service Corpo	oration Political Acti	on Commi	ttee	
_	Full Name (Last, First, Middle Initial)			Date (Did	
A.	Team Burke			Date of Disbursement	
	Mailing Address 275 W. 4th Street			03 12	2015
	City	State Zip Code		Transaction ID : 223	47003
	Marysville Purpose of Disbursement	OH 43040		- ITAIISACIIOII ID . 223	47003
	Contribution		011	Amount of Each Disbu	rsement this Period
	Candidate Name		Category/		500.00
	OH Sen. Dave Burke		Туре		500.00
	Office Sought: House Disbursen Senate	nent For: Primary General		Contribution	
	President	Other (specify) ▼			
_	State: District:				
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement	
٠.	· Citizens for Hottinger			M M / D D /	Y . Y . Y . Y
	Mailing Address 2135 Horns Hill Road			03 12	2015
	City S Newark	State Zip Code OH 43055		Transaction ID : 223	47004
	Purpose of Disbursement	40000		_	
	Contribution		011	Amount of Each Disbu	irsement this Period
	Candidate Name		Category/		500.00
	OH Sen. Jay Hottinger Office Sought: House Disbursen	nent For:	Туре		7
		Primary General		Contribution	
		Other (specify)		Contribution	
	State: District:	•			
_	Full Name (Last, First, Middle Initial)				
Ċ.	Friends of Shannon Jones			Date of Disbursement	
	Mailing Address 800 Valley View Point			03 / 12	2015
	City	State 7in Code			
	,	State Zip Code OH 45066		Transaction ID: 223	47005
	Purpose of Disbursement				
	Contribution	011	Amount of Each Disbu	rsement this Period	
	Candidate Name OH Sen. Shannon Jones		Category/		500.00
	Office Sought: House Disbursen	nent For:	Туре		7
		Primary General		Contribution	
	President	Other (specify) ▼		Contribution	
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					4500.00
S	SUBTOTAL of Disbursements This Page (optional)		·····•		1500.00
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b	one) 22 23 24 25 26				
	Detailed Summary Page	27	28a 28b 28c X 29 30b				
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar	ments may not be sold or use ne and address of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
Renaissance Health Service Corpo	oration Political Actio	n Committ	ee				
Full Name (Last, First, Middle Initial)							
A. Oelslager for Ohio Committee			Date of Disbursement				
Mailing Address 6706 Lake Cable Avenue NW			03 12 2015				
City	State Zip Code		Transaction ID : 22347006				
North Canton	OH 44720		Transaction ib . 22347 000				
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	500.00				
OH Sen. Scott Oelslager		Туре	300.00				
Office Sought: House Senate President State: Disburser	ment For: Primary General Other (specify) ▼		Contribution				
Full Name (Last, First, Middle Initial) B. Citizens for Kevin Bacon			Date of Disbursement				
Mailing Address 260 North Cassady Avenue			03 12 2015				
Columbus	State Zip Code OH 43209		Transaction ID : 22347007				
Purpose of Disbursement Contribution	011	Amount of Each Disbursement this Period					
Candidate Name		Category/	500.00				
OH Sen. Kevin Bacon		Туре	300.00				
Office Sought: House Senate President State: Disburser	ment For: Primary General Other (specify) ▼		Contribution				
Full Name (Last, First, Middle Initial) Friends of Nickie J. Antonio			Date of Disbursement				
THERES OF FRICKIE G. ARROTHO			M M / D D / Y Y Y Y				
Mailing Address 1305 Belle Avenue			03 19 2015				
City Lakewood	State Zip Code OH 44107		Transaction ID : 22360111				
Purpose of Disbursement Contribution							
Candidate Name	011 Category/	Amount of Each Disbursement this Period					
OH Rep. Nickie Antonio		Type	300.00				
Senate President	nent For: Primary General Other (specify)		Contribution				
State: District:							
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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 15 OF 16						
ΙT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only or						
			Summary Page		21b 27	22 28a	23 28b	24 28c	25 X 29	26 30b
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or	for commercial purposes, other than using the nam	ne and addr	ess of any politic	cal con	nmittee to	solicit cor	ntributions	from such	committ	ee
\setminus	NAME OF COMMITTEE (In Full)									
	Renaissance Health Service Corpo	ration P	Political Action	on C	ommitte	ee				
^	Full Name (Last, First, Middle Initial)					Dota :	Dich	mont		
A.	Steve Huffman for State Rep					Date of Disbursement				
	Mailing Address P.O. Box 739					03	26		2015	Y
	City	State	Zip Code			Trans	action ID	. 22265245		
	Troy	ОН	45373			irans	action ID	: 22365345		
	Purpose of Disbursement Contribution			0)11	Amount	of Each	Disburseme	nt this I	Period
	Candidate Name				egory/				350	.00
	OH Rep. Stephen Huffman Office Sought: House Disbursen	nent For		Ty	ype		7	7	300	
	Senate President	nent For: Primary Other (spec	General cify) ▼			Contribu	ition			
_	State: District:									
В.	Full Name (Last, First, Middle Initial) Committee to Elect Fred Strahorn					Date of	Dishuree	ment		
٠.	Committee to Elect Fred Stranom					Date of Disbursement				Y
	Mailing Address 531 Belmont				03 / 26 / 2015					
	Dayton	State OH	Zip Code 45404			Trans	action ID	: 22365346		
	Purpose of Disbursement Contribution			C)11	Amount	of Each	Disburseme	nt this I	Period
	Candidate Name			Cate	egory/				500	0.00
	OH Rep. Fred Strahorn	=			ype		-	- 7	300	,.00
		nent For: Primary Other (spec	General cify) ▼			Contribu	ution			
	Full Name (Last, First, Middle Initial)									
C.	Emilia Sykes Campaign					Date of	Disburse	ment		
						M M	/ D		Y Y	Υ
	Mailing Address 109 N. Howard St., #A					03	26	5	2015	
	,	State OH	Zip Code 44308			Trans	action ID	: 22365347		
	Purpose of Disbursement									
	Contribution			0)11	Amount	of Each	Disburseme	nt this I	Period
	Candidate Name				egory/				250	.00
	OH Rep. Emilia Sykes Office Sought: House Disbursen	nont For:		Ty	ype		7			
		nent For: Primary	General			Contail	ution			
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s	UBTOTAL of Disbursements This Page (optional)				······ >		-,-		1100	.00
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 OF 16				
	DISBURSEMENTS	Use separate schedule(for each category of the	(s) (check only	/ one)			
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American di	a control from the December 1 St. 1		27	28a 28b 28c × 29 30			
				on for the purpose of soliciting contributions of solicit contributions from such committee.			
	COMMITTEE (In Full)						
\	sance Health Service Corpo	oration Political Ac	tion Committ	tee			
/	·						
_ `	(Last, First, Middle Initial)			Date of Disbursement			
··· Cilizens	O IUI OEAIS			M M / D D / Y Y Y Y			
Mailing Add	ress P.O. Box	04 16 2015					
C:r.		Ototo 7tm Onda					
City Sylvania		State Zip Code OH 43560		Transaction ID : 22409392			
•	Disbursement	+5500					
Contribution			011	Amount of Each Disbursement this Period			
Candidate N			Category/	500.00			
	. Barbara Sears	mant Fam	Type	300.00			
Office Soug	ht: House Disbursel	ment For: Primary General		Occupitation			
	President	Other (specify)		Contribution			
State:	District:	(1 3/ ♥					
Full Name ((Last, First, Middle Initial)						
B. Friends	of Dan Ramos		Date of Disbursement				
Moiling Add	roce 4000 M/ costs Officers		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
ivialling Addi	ress 1828 W. 38th Street	06 11 2015					
City		State Zip Code		Transaction ID : 22499817			
Lorain	Dichuraamant	OH 44053		Transaction ID . 22499017			
Purpose of Contributio	Disbursement n		011	Amount of Each Disbursement this Period			
Candidate N	Name			A LIBERT OF EACH PRODUCTION WITH THE POINT			
OH Rep	o. Dan Ramos		Category/ Type	250.00			
Office Sough		ment For:	1				
	Senate	Primary General		Contribution			
State:	President District:	Other (specify) ▼					
	(Last, First, Middle Initial)						
,	for Bishoff			Date of Disbursement			
	Mailing Address 2902 Braden Way			M = M / D = D / Y = Y = Y			
Mailing Add				06 18 2015			
City		State Zip Code					
Blacklick		OH 43004		Transaction ID: 22509552			
Purpose of Contribution	Disbursement						
			011	Amount of Each Disbursement this Period			
Candidate N	name o. Heather Bishoff		Category/	250.00			
Office Sough		ment For:	Туре				
	Senate	Primary General		Contribution			
	President	Other (specify) ▼		Contribution			
State:	District:						
				4000.00			
SUBTOTAL o	f Disbursements This Page (optional)		·····	1000.00			
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