

**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="2016"/>		86766.17
(b) Cash on Hand at Beginning of Reporting Period.....	106538.81	
(c) Total Receipts (from Line 19)	5.34	38177.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	106544.15	124944.15
7. Total Disbursements (from Line 31).....	7200.00	25600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	99344.15	99344.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From: / / 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	37550.00
(ii) Unitemized	0.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	38150.00
(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	38150.00
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.).....	5.34	27.98
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)).....▶	5.34	38177.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5.34	38177.98

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.....	0.00	12700.00
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).....	7200.00	12900.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7200.00	25600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7200.00	25600.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	38150.00
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	38150.00
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 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

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. Friends of Faber

Mailing Address 7706 State Route 703

City Celina State OH Zip Code 45822

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Faber, Keith, , 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
12 / 13 / 2016

FEC Identification Number
C
Transaction ID : 23643827
Amount of Each Disbursement this Period
500.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Obhof

Mailing Address 5206 Crown Pointe Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Obhof, Larry, , 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
12 / 13 / 2016

FEC Identification Number
C
Transaction ID : 23643828
Amount of Each Disbursement this Period
500.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Tom Patton

Mailing Address 17157 Rabbit Run Dr

City Strongsville State OH Zip Code 44136

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Patton, Tom, ,

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
12 / 13 / 2016

FEC Identification Number
C
Transaction ID : 23643829
Amount of Each Disbursement this Period
350.00
Contribution

Memo Item

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

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

1350.00

**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. Committee to Elect Manning

Mailing Address 260 N. Cassady Ave

City Columbus State OH Zip Code 43209

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Manning, Gayle, , 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
12			13			2016			

FEC Identification Number

Transaction ID : 23643830
 Amount of Each Disbursement this Period

 Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

B. Troy Balderson for State Senator

Mailing Address 601 Underwood St
PO Box 69

City Zanesville State OH Zip Code 43702

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Balderson, Troy, , 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
12			13			2016			

FEC Identification Number

Transaction ID : 23643831
 Amount of Each Disbursement this Period

 Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Bill Beagle

Mailing Address 115 S. Tippecanoe Dr
P.O. Box 342

City Tipp City State OH Zip Code 45371

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Beagle, 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
12			13			2016			

FEC Identification Number

Transaction ID : 23643832
 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. LaRose for Senate

Mailing Address 94 N. Hayden Parkway

City Hudson

State OH

Zip Code 44236

Purpose of Disbursement Contribution

011

Candidate Name

LaRose, Frank, , ,

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2016

FEC Identification Number

C

Transaction ID : 23643833

Amount of Each Disbursement this Period

350.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Peterson for Good Government

Mailing Address 5564 Grassy Branch Road

City Sabina

State OH

Zip Code 45169

Purpose of Disbursement Contribution

011

Candidate Name

Peterson, Bob, , OH Sen.,

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2016

FEC Identification Number

C

Transaction ID : 23643834

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of John Eklund

Mailing Address 12040 Burlington Glen Dr

City Chardon

State OH

Zip Code 44024

Purpose of Disbursement Contribution

011

Candidate Name

Eklund, John, , ,

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2016

FEC Identification Number

C

Transaction ID : 23643835

Amount of Each Disbursement this Period

350.00

Contribution

Memo Item

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

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

1200.00

**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. LaTourette for Ohio

Mailing Address P.O. Box 76

City Chagrin Falls State OH Zip Code 44022

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
LaTourette, Sarah, , ,

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

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2016

FEC Identification Number

C
Transaction ID : 23643839
Amount of Each Disbursement this Period
350.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Pelanda for State Representative

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2016

FEC Identification Number

C
Transaction ID : 23643840
Amount of Each Disbursement this Period
350.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Romanchuk for State Rep

Mailing Address 3306 Oakstone Dr.

City Mansfield State OH Zip Code 44903

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Romanchuk, Mark, , OH Rep.,

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

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2016

FEC Identification Number

C
Transaction ID : 23643841
Amount of Each Disbursement this Period
350.00
Contribution

Memo Item

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

1050.00

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 Nicholas Celebrezze

Mailing Address 2344 Canal Rd

City Cleveland State OH Zip Code 44113

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name Celebrezze, Nicholas, , ,

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2016

FEC Identification Number

C
Transaction ID : 23643842
Amount of Each Disbursement this Period
350.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Nickie J. Antonio

Mailing Address 1305 Belle Avenue

City Lakewood State OH Zip Code 44107

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name Antonio, Nickie, , OH Rep.,

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2016

FEC Identification Number

C
Transaction ID : 23643843
Amount of Each Disbursement this Period
350.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Boggs for Ohio

Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name Boggs, Kristin, , ,

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2016

FEC Identification Number

C
Transaction ID : 23643849
Amount of Each Disbursement this Period
250.00
Contribution

Memo Item

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

950.00

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 Dan Ramos

Mailing Address 1828 W. 38th Street

City
Lorain

State
OH

Zip Code
44053

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Ramos, Dan, , OH Rep.,

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
12		13		2016

FEC Identification Number

C []

Transaction ID : 23643851

Amount of Each Disbursement this Period

[] 250.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Emilia Sykes Campaign

Mailing Address 109 N. Howard St., #A

City
Akron

State
OH

Zip Code
44308

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Sykes, Emilia, , OH Rep.,

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
12		13		2016

FEC Identification Number

C []

Transaction ID : 23643852

Amount of Each Disbursement this Period

[] 250.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 500.00

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

[] 7200.00