

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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2018 through [MM] / [DD] / [YYYY] 09 / 30 / 2018

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 [MM] / [DD] / [YYYY] 10 / 04 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="100920.06"/>	<input type="text" value="100920.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="88620.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2950.00"/>	<input type="text" value="10900.00"/>
(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="91570.06"/>	<input type="text" value="111820.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12150.00"/>	<input type="text" value="32400.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="79420.06"/>	<input type="text" value="79420.06"/>
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2018 To: M M / D D / Y Y Y Y 09 / 30 / 2018

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).....	2750.00	10300.00
(ii) Unitemized	200.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2950.00	10900.00
(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)	2950.00	10900.00
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.).....	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)).....▶	2950.00	10900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2950.00	10900.00

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.....	5000.00	13950.00
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).....	7150.00	18450.00
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)) ..	12150.00	32400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12150.00	32400.00

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)	2950.00	10900.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2950.00	10900.00
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 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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.

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

A. Cornwell, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Central Ct
 City Pewee Valley State KY Zip Code 40056-8902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starfish Consulting Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 13 / 2018**
Transaction ID : 24577034
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Choate, Ed, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 361 Pippinpost Dr.
 City Conway State AR Zip Code 72034-5526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delta Dental of Arkansas Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 13 / 2018**
Transaction ID : 24577041
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Moffit, Timothy, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10703 Sudan St.
 City Portage State MI Zip Code 49002-7347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kalamazoo College Occupation (for Individual) Associate Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 09 / 2018**
Transaction ID : 24611498
 Amount of Each Receipt this Period 500.00
 Memo Item

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 7 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Thompson, Joseph, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1450 Piercy Mille Trce
 City Louisville State KY Zip Code 40245-4571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2018
Transaction ID : 24611499
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Wenk, Philip, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Venture Cir
 City Nashville State TN Zip Code 37228-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Delta Dental of Tennessee President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2018
Transaction ID : 24611500
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Cahill, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3251 Hanover Court
 City Milford State MI Zip Code 48380-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 N/A Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 24689362
 Amount of Each Receipt this Period 250.00
 Memo Item
 Board Drive

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	2750.00

**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

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stabenow for U.S. Senate

Mailing Address P.O. Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Stabenow, Debbie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	8

FEC Identification Number

C []

Transaction ID : 24631052

Amount of Each Disbursement this Period

[] 5000.00

Contribution

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

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 5000.00

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

[] 5000.00

**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. Seitz for Ohio

Mailing Address 4401 Abby Court

City Cincinnati State OH Zip Code 45248

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Seitz, William, , ,**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24577739
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Lou Terhar

Mailing Address 5595 Boomer Road

City Cincinnati State OH Zip Code 45247

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Terhar, Lou, , ,**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24577740
Amount of Each Disbursement this Period

Contribution

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 Contribution

Category/Type

Candidate Name **Wilson, Steve, , ,**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24577741
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. OLBC Political Action Fund

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
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

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

FEC Identification Number

Transaction ID : 24627948
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Stephanie Kunze

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement Contribution

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
0	8		2	2		2	0	1	8

FEC Identification Number

Transaction ID : 24627949
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Stephanie Kunze

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement Contribution Funds Reported On <Enter Report Name Here>

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
0	4		0	3		2	0	1	7

FEC Identification Number

Transaction ID : 24628495
 Amount of Each Disbursement this Period

 Contribution Funds Reported On

Memo Item <Enter Report Name Here>

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 Stephanie Kunze

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement
Contribution Re-designated funds for trans. dated 4/3/2017

Category/
Type

Candidate Name
Kunze, Stephanie, , ,

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

Date of Disbursement
MM / DD / YYYY
08 / 24 / 2018

FEC Identification Number
C
Transaction ID : 24628496
Amount of Each Disbursement this Period
350.00
Contribution Re-designated funds
 Memo Item for trans. dated 4/3/2017

Full Name (Last, First, Middle Initial)

B. Citizens with Ashford

Mailing Address 2910 Collingwood Blvd.

City Toledo State OH Zip Code 43610

Purpose of Disbursement
Void - Citizens with Ashford

Category/
Type

Candidate Name
Ashford, Mike, , ,

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

Date of Disbursement
MM / DD / YYYY
09 / 21 / 2018

FEC Identification Number
C
Transaction ID : 24694152
Amount of Each Disbursement this Period
- 350.00
Void - Citizens with Ashford
 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
Void - Steve Huffman for Ohio

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
09 / 21 / 2018

FEC Identification Number
C
Transaction ID : 24694153
Amount of Each Disbursement this Period
- 350.00
Void - Steve Huffman for Ohio
 Memo Item

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

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

- 700.00

**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. John Bocchieri for Ohio Committee

Mailing Address 2951 Autumnwood Trail

City Poland State OH Zip Code 44514

Purpose of Disbursement Contribution

Category/Type

Candidate Name Bocchieri, John, , ,

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
 09 / 21 / 2018

FEC Identification Number

Transaction ID : 24694155
 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 M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018

FEC Identification Number

Transaction ID : 24694157
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Lehner

Mailing Address 533 Lockerbie Lane

City Kettering State OH Zip Code 45429

Purpose of Disbursement Contribution

Category/Type

Candidate Name Lehner, Peggy, , ,

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
 09 / 21 / 2018

FEC Identification Number

Transaction ID : 24694158
 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. Citizens for Gardner Committee

Mailing Address 431 N. Prospect St.

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement Contribution

Category/Type

Candidate Name Gardner, Randy, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24694159
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. O'Brien for Ohio

Mailing Address 545 E. Town St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Category/Type

Candidate Name O'Brien, Sean, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24694160
Amount of Each Disbursement this Period

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

Category/Type

Candidate Name Eklund, John, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24694161
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. 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

011
Category/
Type

Candidate Name
Beagle, Bill, , ,

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

Date of Disbursement
MM / DD / YYYY
09 / 21 / 2018

FEC Identification Number
C
Transaction ID : 24694162
Amount of Each Disbursement this Period
500.00
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
Category/
Type

Candidate Name
Peterson, Bob, , OH Sen.,

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

Date of Disbursement
MM / DD / YYYY
09 / 21 / 2018

FEC Identification Number
C
Transaction ID : 24694163
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Manning

Mailing Address 7064 Avan Belden Rd

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Manning, Gayle, , ,

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

Date of Disbursement
MM / DD / YYYY
09 / 21 / 2018

FEC Identification Number
C
Transaction ID : 24694164
Amount of Each Disbursement this Period
500.00
Contribution

Memo Item

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

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

2000.00

**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. Kent Smith Committee

Mailing Address 801 E 232nd Street

City
Euclid

State
OH

Zip Code
44123

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Smith, Kent, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2018

FEC Identification Number

C []

Transaction ID : 24694176

Amount of Each Disbursement this Period

[] 350.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Glenn W. Holmes

Mailing Address 207 Chippewa

City
Girard

State
OH

Zip Code
44420

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Holmes, Glenn, W, ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2018

FEC Identification Number

C []

Transaction ID : 24694177

Amount of Each Disbursement this Period

[] 350.00

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

MM / DD / YYYY

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 700.00

[] 7150.00