

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 Okemos MI 48864

2. FEC IDENTIFICATION NUMBER C C00450288 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 08/03/2021 in the State of OH

5. Covering Period 01/01/2021 through 07/14/2021

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 07/22/2021

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="2021"/>	<input type="text" value="119561.55"/>	<input type="text" value="119561.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="119561.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="30308.51"/>	<input type="text" value="30308.51"/>
(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="149870.06"/>	<input type="text" value="149870.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10200.00"/>	<input type="text" value="10200.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="139670.06"/>	<input type="text" value="139670.06"/>
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

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From: 01 / 01 / 2021 To: 07 / 14 / 2021

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).....	29900.00	29900.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	29900.00	29900.00
(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)	29900.00	29900.00
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.....	408.51	408.51
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)).....▶	30308.51	30308.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	30308.51	30308.51

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.....	6000.00	6000.00
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).....	4200.00	4200.00
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)) ..	10200.00	10200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10200.00	10200.00

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)	29900.00	29900.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29900.00	29900.00
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 23
	<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	

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. 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 ▼ 2100.00

Date of Receipt **07 / 14 / 2021**
Transaction ID : 13905936
 Amount of Each Receipt this Period 2100.00
 Memo Item

B. Beck, Victor, , , DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3189 Oak Hill Farm Road
 City Columbia State TN Zip Code 38401-8529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Victor Beck, DDS Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **07 / 14 / 2021**
Transaction ID : 16427828
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Stahl, James, R., , DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29544 Duxbury Ln.
 City Perrysburg State OH Zip Code 43551-3412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt **07 / 14 / 2021**
Transaction ID : 19766633
 Amount of Each Receipt this Period 3750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7100.00
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 23
	<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. Watkins, Carole, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1967 Woodlands Place
 City Powell State OH Zip Code 43065-7461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2021
Transaction ID : 22503505
 Amount of Each Receipt this Period
 3350.00
 Memo Item

B. Stull, Michael, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1332 Alexandria Pkwy SE
 City Canton State OH Zip Code 44709-4845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Employers Health Occupation (for Individual) Chief Strategy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2021
Transaction ID : 22504816
 Amount of Each Receipt this Period
 2100.00
 Memo Item

C. Callahan, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 S. Clubhouse Drive
 City Rogers State AR Zip Code 72758-9563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vestar Capital Partners Occupation (for Individual) senior advisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2021
Transaction ID : 22504819
 Amount of Each Receipt this Period
 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6700.00
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 23
<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. Bean, Canise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1407 Haddon Road
 City Columbus State OH Zip Code 43209-3103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ohio State University Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt **07 / 14 / 2021**
Transaction ID : 22766298
 Amount of Each Receipt this Period 2100.00
 Memo Item

B. LoCascio, Moira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4225 Black Sycamore Drive
 City Charlotte State NC Zip Code 28226-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McLaughlin Young Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **07 / 14 / 2021**
Transaction ID : 22766299
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Timmons, Poe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7171 Temperance Point Street
 City Westerville State OH Zip Code 43082-8707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jenis Splendid Ice Creams Occupation (for Individual) EVP, COO, and CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt **07 / 14 / 2021**
Transaction ID : 22766300
 Amount of Each Receipt this Period 2100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5450.00
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 23
	<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. Trujillo, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9324 Golden Glow Lane NE

City Albuquerque	State NM	Zip Code 87113-1328
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) REDW	Occupation (for Individual) CPA
-------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2021

Transaction ID : 22822707

Amount of Each Receipt this Period
1250.00

Memo Item

B. Clark, Sarah, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4422 Clear Creek Boulevard

City Fayetteville	State AR	Zip Code 72704-9327
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mitchell	Occupation (for Individual) CEO
-----------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2021

Transaction ID : 22822708

Amount of Each Receipt this Period
1250.00

Memo Item

C. 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) Delta Dental of Tennessee	Occupation (for Individual) 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
06		09		2021

Transaction ID : 26030057

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 10 OF 23
<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) Delta Dental of Kentucky Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 09 / 2021
Transaction ID : 26030058
 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 06 / 09 / 2021
Transaction ID : 26030059
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Childers, Michael, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3503 Westwood Farms Dr.
 City Louisville State KY Zip Code 40220-5023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 09 / 2021
Transaction ID : 26030060
 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 11 OF 23
<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. Mulligan, Robert, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1955 Trowbridge High St
 City Carmel State IN Zip Code 46032-7221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Renaissance Life & Health Insurance Co Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 09 / 2021**
Transaction ID : 26030061
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Flermoen, Ann, , , DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 686 Parkview Circle
 City Saint Johns State MI Zip Code 48879-2186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delta Dental of Michigan Occupation (for Individual) board member
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2100.00

Date of Receipt **07 / 14 / 2021**
Transaction ID : 2889746
 Amount of Each Receipt this Period 2100.00
 Memo Item

C. Buzaki, Frank, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2708 Ariels Way
 City Akron State OH Zip Code 44312-5959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3550.00

Date of Receipt **07 / 14 / 2021**
Transaction ID : 7030676
 Amount of Each Receipt this Period 3550.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6150.00
TOTAL This Period (last page this line number only).....	29900.00

**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 12 OF 23
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Peters for Michigan

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 32072

City Detroit	State MI	Zip Code 48244
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

408.51

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2021

Transaction ID : 26030067

Amount of Each Receipt this Period

408.51

Memo Item

Contribution Refund

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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 ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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 ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	408.51
TOTAL This Period (last page this line number only).....	408.51

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. Great Lakes PAC

Mailing Address 328 Massachusetts Ave

City
Washington

State
DC

Zip Code
20002

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

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2021

FEC Identification Number

C C00375584

Transaction ID : 25996778

Amount of Each Disbursement this Period

6000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Team Stephanie Kunze

Mailing Address 145 E Rich Street Suite 100

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Kunze, Stephanie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2021
 Primary General
 Other (specify)

State: OH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

FEC Identification Number

C

Transaction ID : 26040233

Amount of Each Disbursement this Period

1000.00

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
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FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

6000.00

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

6000.00

**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 Gil Blair

Mailing Address 1698 Laura Lane

City Mineral Ridge State OH Zip Code 44440

Purpose of Disbursement
Void - Committee to Elect Gil Blair

Category/
Type

Candidate Name
Blair, Gil, , ,

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 25940688
Amount of Each Disbursement this Period

Void - Committee to Elect Gil Blair
 Memo Item

Full Name (Last, First, Middle Initial)

B. Team Burke

Mailing Address 275 W. 4th Street

City Marysville State OH Zip Code 43040

Purpose of Disbursement
Void - Team Burke

Category/
Type

Candidate Name
Burke, Dave, , OH Sen.,

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 25940689
Amount of Each Disbursement this Period

Void - Team Burke
 Memo Item

Full Name (Last, First, Middle Initial)

C. Peterson for Good Government

Mailing Address 5564 Grassy Branch Road

City Sabina State OH Zip Code 45169

Purpose of Disbursement
Void - Peterson for Good Government

Category/
Type

Candidate Name
Peterson, Bob, , OH Sen.,

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 25940690
Amount of Each Disbursement this Period

Void - Peterson for Good Government
 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. Haraz Ghanbari for Ohio

Mailing Address 26811 Dogwood Lane

City
Perrybsburg

State
OH

Zip Code
43551

Purpose of Disbursement
Void - Haraz Ghanbari for Ohio

011

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 Y Y
03 / 10 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : 25940691

Amount of Each Disbursement this Period

[REDACTED] - 500.00

Void - Haraz Ghanbari for Ohio

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Kenny Yuko

Mailing Address 479 Pierson Dr.

City
Richmond Heights

State
OH

Zip Code
44143

Purpose of Disbursement
Void - Friends of Kenny Yuko

011

Category/
Type

Candidate Name

Yuko, Kenny, , ,

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
03 / 10 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : 25940697

Amount of Each Disbursement this Period

[REDACTED] - 500.00

Void - Friends of Kenny Yuko

Memo Item

Full Name (Last, First, Middle Initial)

C. Cecil Thomas Senate Committee

Mailing Address 545 E. Town Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Void - Cecil Thomas Senate Committee

011

Category/
Type

Candidate Name

Thomas, Cecil, , ,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 10 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : 25940698

Amount of Each Disbursement this Period

[REDACTED] - 500.00

Void - Cecil Thomas Senate Committee

Memo Item

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

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

[REDACTED] - 1500.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brinkman Campaign Committee

Mailing Address 3215 Hardisty Ave.

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement
Void - Brinkman Campaign Committee

Category/
Type

Candidate Name
Brinkman, Thomas, , OH Rep., Jr.

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

Date of Disbursement
MM / DD / YYYY
03 / 10 / 2021

FEC Identification Number
C
Transaction ID : 25940699
Amount of Each Disbursement this Period
- 500.00
Void - Brinkman Campaign Committee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Tom Patton

Mailing Address 17157 Rabbit Run Dr

City Strongsville State OH Zip Code 44136

Purpose of Disbursement
Void - Friends of Tom Patton

Category/
Type

Candidate Name
Patton, Tom, , ,

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

Date of Disbursement
MM / DD / YYYY
03 / 10 / 2021

FEC Identification Number
C
Transaction ID : 25940700
Amount of Each Disbursement this Period
- 500.00
Void - Friends of Tom Patton
 Memo Item

Full Name (Last, First, Middle Initial)

C. LaRe for Ohio

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Void - LaRe for Ohio

Category/
Type

Candidate Name
LaRe, Jeff, , ,

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

Date of Disbursement
MM / DD / YYYY
03 / 10 / 2021

FEC Identification Number
C
Transaction ID : 25940701
Amount of Each Disbursement this Period
- 500.00
Void - LaRe for Ohio
 Memo Item

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

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

- 1500.00

**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. Friends of Mark Fraizer

Mailing Address 20 W North St

City Newark

State OH

Zip Code 43055

Purpose of Disbursement
Void - Friends of Mark Fraizer

011

Category/
Type

Candidate Name

Fraizer, Mark, , ,

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	/	10	/	2021

FEC Identification Number

C

Transaction ID : 25940702

Amount of Each Disbursement this Period

- 500.00

Void - Friends of Mark Fraizer

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Bride Rose Sweeney

Mailing Address 3632 W 133rd St

City Cleveland

State OH

Zip Code 44111

Purpose of Disbursement
Void - Friends of Bride Rose Sweeney

011

Category/
Type

Candidate Name

Sweeney, Bride, Rose, ,

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	/	10	/	2021

FEC Identification Number

C

Transaction ID : 25940703

Amount of Each Disbursement this Period

- 300.00

Void - Friends of Bride Rose Sweeney

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Hottinger

Mailing Address 2135 Horns Hill Road

City Newark

State OH

Zip Code 43055

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Hottinger, Jay, , OH Sen.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2021

FEC Identification Number

C

Transaction ID : 25941106

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

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

200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Matt Dolan

Mailing Address 2206 Superior Viaduct, Suite 401

City Cleveland State OH Zip Code 44113

Purpose of Disbursement Contribution

Category/Type

Candidate Name Dolan, Matt, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 25941107
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Kenny Yuko

Mailing Address 479 Pierson Dr.

City Richmond Heights State OH Zip Code 44143

Purpose of Disbursement Contribution

Category/Type

Candidate Name Yuko, Kenny, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 25941108
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Cecil Thomas Senate Committee

Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Category/Type

Candidate Name Thomas, Cecil, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 25941109
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. Brinkman Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2021

Mailing Address 3215 Hardisty Ave.

FEC Identification Number

C

Transaction ID : 25941110

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement Contribution

011
Category/ Type

Candidate Name

Brinkman, Thomas, , OH Rep., Jr.

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Friends of Tom Patton

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2021

Mailing Address 17157 Rabbit Run Dr

FEC Identification Number

C

Transaction ID : 25941111

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

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:

Full Name (Last, First, Middle Initial)

C. LaRe for Ohio

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2021

Mailing Address 4679 Winterset Drive

FEC Identification Number

C

Transaction ID : 25941112

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution

011
Category/ Type

Candidate Name

LaRe, Jeff, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

1500.00

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"/> 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 Mark Fraizer

Mailing Address 20 W North St

City Newark

State OH

Zip Code 43055

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Fraizer, Mark, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2021

FEC Identification Number

C

Transaction ID : 25941113

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Bride Rose Sweeney

Mailing Address 3632 W 133rd St

City Cleveland

State OH

Zip Code 44111

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Sweeney, Bride, Rose, ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2021

FEC Identification Number

C

Transaction ID : 25941114

Amount of Each Disbursement this Period

300.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Romanchuk for Ohio

Mailing Address 4679 Winterset Drive

City Columbus

State OH

Zip Code 43220

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Romanchuk, Mark, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2021

FEC Identification Number

C

Transaction ID : 25971155

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

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

1800.00

**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. Friends of Bride Rose Sweeney

Mailing Address 3632 W 133rd St

City Cleveland State OH Zip Code 44111

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Sweeney, Bride, Rose, ,**

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	2	1

FEC Identification Number

Transaction ID : 25971156
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Boggs for Ohio

Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Boggs, Kristin, , ,**

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	2	1

FEC Identification Number

Transaction ID : 25971157
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends to Elect Jessica Miranda

Mailing Address 1238 W. Kemper Rd

City Cincinnati State OH Zip Code 45240

Purpose of Disbursement Contribution

Category/Type

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

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	2	1

FEC Identification Number

Transaction ID : 25971158
 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 Richard Brown

Mailing Address 545 E. Town Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Brown, Richard, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 16 / 2021

FEC Identification Number

C

Transaction ID : 25971159

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Blessing

Mailing Address 3378 Dolomar Drive

City
Cincinnati

State
OH

Zip Code
45239

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Blessing, Louis, , ,

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
05 / 06 / 2021

FEC Identification Number

C

Transaction ID : 25996862

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Lanese for Ohio

Mailing Address 260 N Cassady Ave

City
Columbus

State
OH

Zip Code
43209

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Lanese, Laura, , ,

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
06 / 10 / 2021

FEC Identification Number

C

Transaction ID : 26029669

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)..... ▶

1500.00

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. Friends of Dontavius Jarrells

Mailing Address 222 East Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Category/
Type

Candidate Name Jarrells, Dontavius, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
06 / 10 / 2021

FEC Identification Number

Transaction ID : 26029691
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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<input type="text" value="4200.00"/>