

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 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00450288 CITY STATE ZIP CODE 3. IS THIS REPORT NEW (N) OR 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

5. Covering Period 07 / 01 / 2020 through 09 / 30 / 2020

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 10 / 15 / 2020

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)

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="2020"/>	<input type="text" value=""/>	<input type="text" value="102761.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="105261.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="29300.00"/>	<input type="text" value="31800.00"/>
(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="134561.55"/>	<input type="text" value="134561.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15000.00"/>	<input type="text" value="15000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="119561.55"/>	<input type="text" value="119561.55"/>
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: / / 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).....	29300.00	31800.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	29300.00	31800.00
(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)	29300.00	31800.00
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)).....▶	29300.00	31800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	29300.00	31800.00

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.....	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).....	9000.00	9000.00
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)) ..	15000.00	15000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15000.00	15000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	29300.00	31800.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29300.00	31800.00
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 17
	<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. 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 07 / 02 / 2020
Transaction ID : 25638945
 Amount of Each Receipt this Period 1250.00
 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 / 02 / 2020
Transaction ID : 25638946
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. 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 / 02 / 2020
Transaction ID : 25638947
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 17
	<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"/>	<input type="checkbox"/> 17

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

A. 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 **07 / 02 / 2020**
Transaction ID : 25638948
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. 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 **07 / 02 / 2020**
Transaction ID : 25638949
 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 ▼ 3550.00

Date of Receipt **07 / 02 / 2020**
Transaction ID : 25638950
 Amount of Each Receipt this Period 3550.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6050.00
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 17
	<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	<input type="checkbox"/> 17

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

A. 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2020
Transaction ID : 25638951
 Amount of Each Receipt this Period
 3550.00
 Memo Item

B. Smith, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 E. 4th Street
 City Newport State KY Zip Code 41071-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Resource Solutions Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2020
Transaction ID : 25638952
 Amount of Each Receipt this Period
 1150.00
 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 ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2020
Transaction ID : 25638953
 Amount of Each Receipt this Period
 2100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6800.00
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 17
	<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. 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 ▼ 3000.00

Date of Receipt 07 / 02 / 2020
Transaction ID : 25638954
 Amount of Each Receipt this Period 3000.00
 Memo Item

B. 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 07 / 02 / 2020
Transaction ID : 25638955
 Amount of Each Receipt this Period 3350.00
 Memo Item

C. 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 / 02 / 2020
Transaction ID : 25638956
 Amount of Each Receipt this Period 2100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8450.00
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 17
<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. 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 / 02 / 2020**
Transaction ID : 25638957
 Amount of Each Receipt this Period 2100.00
 Memo Item

B. 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 **07 / 10 / 2020**
Transaction ID : 25638958
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Smith, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 E. 4th Street
 City Newport State KY Zip Code 41071-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Resource Solutions Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt **08 / 06 / 2020**
Transaction ID : 25711594
 Amount of Each Receipt this Period 1150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 17
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Volk, Louis, , ,

Mailing Address 9520 Riverdale Lane NW

City Albuquerque	State NM	Zip Code 87114-5965
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Delta Dental of New Mexico	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		10		2020

Transaction ID : 25751107

Amount of Each Receipt this Period
500.00

Memo Item

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).....	500.00
TOTAL This Period (last page this line number only).....	29300.00

**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. Great Lakes PAC

Mailing Address 328 Massachusetts Ave

City Washington State DC Zip Code 20002

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	7		0	6		2	0	2	0

FEC Identification Number

Transaction ID : 25633884
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Haley Stevens for Congress

Mailing Address 33717 Woodward Ave #539

City Birmingham State MI Zip Code 48099

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Stevens, Haley, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: MI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	2	0

FEC Identification Number

Transaction ID : 25736652
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Elissa Slotkin for Congress

Mailing Address PO Box 244

City Holly State MI Zip Code 48442

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Slotkin, Elissa, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: MI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	2	0

FEC Identification Number

Transaction ID : 25736653
 Amount of Each Disbursement this Period

 Contribution

Memo Item

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

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

6000.00
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. Friends of Hearcel F. Craig

Mailing Address 545 E Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Void - Friends of Hearcel F. Craig

011
Category/
Type

Candidate Name
Craig, Hearcel, , ,

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

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2020

FEC Identification Number

C
Transaction ID : 25649896
Amount of Each Disbursement this Period
- 500.00

Void - Friends of Hearcel F. Craig
 Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Hearcel F. Craig

Mailing Address 545 E Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Craig, Hearcel, , ,

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

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2020

FEC Identification Number

C
Transaction ID : 25649897
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
Laura Lanese, STATE HOUSE OH

011
Category/
Type

Candidate Name
Lanese, Laura, , ,

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

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2020

FEC Identification Number

C
Transaction ID : 25649898
Amount of Each Disbursement this Period
500.00

Laura Lanese, STATE HOUSE OH
 Memo Item

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

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

500.00

**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 Tom Patton

Mailing Address 17157 Rabbit Run Dr

City Strongsville State OH Zip Code 44136

Purpose of Disbursement Contribution

Category/
Type

Candidate Name
Patton, Tom, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 25701285
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Richard Brown

Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Category/
Type

Candidate Name
Brown, Richard, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 25701286
Amount of Each Disbursement this Period

Contribution

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

Category/
Type

Candidate Name
Hottinger, Jay, , OH Sen.,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 25701287
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 Gavarone

Mailing Address 1537 Cedar Lane

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Gavarone, Theresa, , ,**

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		1	2		2	0	2	0

FEC Identification Number

Transaction ID : 25701288
 Amount of Each Disbursement this Period

 Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Fred Strahorn

Mailing Address 531 Belmont Park N. #1001

City Dayton State OH Zip Code 45405-4749

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Strahorn, Fred, , OH Rep.,**

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		1	2		2	0	2	0

FEC Identification Number

Transaction ID : 25701289
 Amount of Each Disbursement this Period

 Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Matt Dolan

Mailing Address 2226 Edgeview Dr

City Hudson State OH Zip Code 44236

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Dolan, Matt, , ,**

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	9		1	7		2	0	2	0

FEC Identification Number

Transaction ID : 25743441
 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 Stephanie Kunze

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name Kunze, Stephanie, , ,

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
09		17		2020

FEC Identification Number

C
Transaction ID : 25743442
Amount of Each Disbursement this Period
1000.00
Contribution
<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)

B. 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

M M M	/	D D D	/	Y Y Y Y Y
09		17		2020

FEC Identification Number

C
Transaction ID : 25743443
Amount of Each Disbursement this Period
500.00
Contribution
<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)

C. Nathan Manning for Ohio

Mailing Address 7064 Avon Belden Road

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name Manning, Nathan, , ,

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
09		17		2020

FEC Identification Number

C
Transaction ID : 25743444
Amount of Each Disbursement this Period
500.00
Contribution
<input type="checkbox"/> 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. 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

/ /

FEC Identification Number

C
Transaction ID : 25743445
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens to Elect Allison Russo

Mailing Address 1850 Tewksbury Road

City
Columbus

State
OH

Zip Code
43221

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Russo, Allison, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 25743446
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Seitz for Ohio

Mailing Address 4401 Abby Court

City
Cincinnati

State
OH

Zip Code
45248

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Seitz, William, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 25743447
Amount of Each Disbursement this Period

Contribution

Memo Item

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

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