

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] April 15 Quarterly Report (Q1) (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 [] / [] / [] in the State of [] (d) 30-Day POST-Election Report for the: [] General (30G) [] Runoff (30R) [] Special (30S) Election on [] / [] / [] in the State of []

5. Covering Period 01 / 01 / 2022 through 03 / 31 / 2022

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 04 / 14 / 2022

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="2022"/>	<input type="text" value="131001.81"/>	<input type="text" value="131001.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="131001.81"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(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="131001.81"/>	<input type="text" value="131001.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8500.00"/>	<input type="text" value="8500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="122501.81"/>	<input type="text" value="122501.81"/>
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 / 2022 To: 03 / 31 / 2022

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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)).....▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

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.....	0.00	0.00
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).....	8500.00	8500.00
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)) ..	8500.00	8500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	8500.00

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Citizens for Hottinger

Full Name (Last, First, Middle Initial)
Mailing Address 2135 Horns Hill Road

City Newark State OH Zip Code 43055

Purpose of Disbursement
Jay Hottinger, STATE SENATE 31st OH

Candidate Name
Hottinger, Jay, , OH Sen.,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 04 / 2022

FEC Identification Number
C
Transaction ID : 26313579
Amount of Each Disbursement this Period
1000.00
Jay Hottinger, STATE SENATE
 Memo Item 31st OH

B. Friends of Nickie J. Antonio

Full Name (Last, First, Middle Initial)
Mailing Address 1305 Belle Avenue

City Lakewood State OH Zip Code 44107

Purpose of Disbursement
Nickie Antonio, STATE HOUSE 13th OH

Candidate Name
Antonio, Nickie, , OH Rep.,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 04 / 2022

FEC Identification Number
C
Transaction ID : 26313580
Amount of Each Disbursement this Period
500.00
Nickie Antonio, STATE HOUSE
13th OH
 Memo Item

C. Citizens for Richard Brown

Full Name (Last, First, Middle Initial)
Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Richard Brown, STATE HOUSE OH

Candidate Name
Brown, Richard, ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 11 / 2022

FEC Identification Number
C
Transaction ID : 26316813
Amount of Each Disbursement this Period
500.00
Richard Brown, STATE HOUSE
OH
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Tom Patton

Mailing Address 17157 Rabbit Run Dr

City Strongsville State OH Zip Code 44136

Purpose of Disbursement Tom Patton, STATE HOUSE OH

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 : 26316814
Amount of Each Disbursement this Period

Memo Item Tom Patton, STATE HOUSE OH

Full Name (Last, First, Middle Initial)

B. Matt Huffman for Ohio

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43200

Purpose of Disbursement Matt Huffman, STATE SENATE OH

Category/
Type

Candidate Name Huffman, Matt, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 26323403
Amount of Each Disbursement this Period

Memo Item Matt Huffman, STATE SENATE OH

Full Name (Last, First, Middle Initial)

C. Friends of George Lang

Mailing Address 7727 Foxboro Drive

City West Chester State OH Zip Code 45069

Purpose of Disbursement , STATE HOUSE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 26323404
Amount of Each Disbursement this Period

Memo Item , STATE HOUSE

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)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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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

Date of Disbursement

Date selection: 03 / 31 / 2022

City Columbus State OH Zip Code 43206

FEC Identification Number

FEC ID: C

Purpose of Disbursement Stephanie Kunze, STATE SENATE OH

Category/Type: 011

Transaction ID : 26323410

Amount of Each Disbursement this Period

Amount: 1000.00

Candidate Name Kunze, Stephanie, , ,

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Stephanie Kunze, STATE SENATE OH
Memo Item

Full Name (Last, First, Middle Initial)

B. Romanchuk for Ohio

Mailing Address 4679 Winterset Drive

Date of Disbursement

Date selection: 03 / 31 / 2022

City Columbus State OH Zip Code 43220

FEC Identification Number

FEC ID: C

Purpose of Disbursement Mark Romanchuk, STATE HOUSE OH

Category/Type: 011

Transaction ID : 26323411

Amount of Each Disbursement this Period

Amount: 1000.00

Candidate Name Romanchuk, Mark, , ,

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Mark Romanchuk, STATE HOUSE OH
Memo Item

Full Name (Last, First, Middle Initial)

C. Nathan Manning for Ohio

Mailing Address 7064 Avon Belden Road

Date of Disbursement

Date selection: 03 / 31 / 2022

City North Ridgeville State OH Zip Code 44039

FEC Identification Number

FEC ID: C

Purpose of Disbursement Nathan Manning, STATE SENATE OH

Category/Type: 011

Transaction ID : 26323412

Amount of Each Disbursement this Period

Amount: 500.00

Candidate Name Manning, Nathan, , ,

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Nathan Manning, STATE SENATE OH
Memo Item

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

Amount: 2500.00

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

Amount: 2500.00

**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
Dontavius Jarrells, STATE HOUSE OH

Category/
Type

Candidate Name
Jarrells, Dontavius, , ,

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

Date of Disbursement
MM / DD / YYYY
03 / 31 / 2022

FEC Identification Number
C
Transaction ID : 26323413
Amount of Each Disbursement this Period
500.00
Dontavius Jarrells, STATE HOUSE OH
 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
Bride Sweeney, STATE HOUSE OH

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 / 31 / 2022

FEC Identification Number
C
Transaction ID : 26323414
Amount of Each Disbursement this Period
500.00
Bride Sweeney, STATE HOUSE OH
 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
Jessica Miranda, STATE HOUSE OH

Category/
Type

Candidate Name
Miranda, Jessica, , ,

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

Date of Disbursement
MM / DD / YYYY
03 / 31 / 2022

FEC Identification Number
C
Transaction ID : 26323415
Amount of Each Disbursement this Period
500.00
Jessica Miranda, STATE HOUSE OH
 Memo Item

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

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

1500.00
8500.00