PAGE 1 / 15

Image# 14940089870

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An At	ithorized Committed		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	j, type 12FE4I	15
Renaissance Health Se	ervice Corporation	Political Action Co	mmittee	
ADDRESS (number and street)	P.O. Box 293			
Check if different				
than previously reported. (ACC)	Okemos		MI	48864
2. FEC IDENTIFICATION NU	MBER ▼ C	CITY	STATE 🛦	ZIP CODE ▲
C C00450288	3.	IS THIS REPORT X (N		AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:			ug 20 (M8) Nov 20 (M11) (Non-Election Year Only) ep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:				(Non-Election Year Only)
April 15 Quarterly Report (Q		pr 20 (M4) Ju	II 20 (M7)	ct 20 (M10)
July 15 Quarterly Report (Q:	(C) 12-Day	Primary (12P)	Gener	al (12G) Runoff (12R)
October 15	Report for the:	Convention (1)	2C) Specia	al (12S)
Quarterly Report (Q: X January 31 Year-End Report (YI		ation on	D D / Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runof	f (30R) Special (30S)
Termination Report (TER)	·	ation on	D = D / Y = Y = Y	in the State of
5. Covering Period 07	01 2013		12 31	2013
I certify that I have examined this	s Report and to the best	of my knowledge and be	elief it is true, correct	and complete.
Type or Print Name of Treasurer	Richard Lantz			
Signature of Treasurer Richard	rd Lantz	[Electronically 1	Filed] Date 0	M / D D / Y Y Y Y Y Y 27 2014
NOTE: Submission of false, errone	ous, or incomplete informat	tion may subject the person	on signing this Report to	the penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

2013 2013 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 62173.68 January 1, 2013 (b) Cash on Hand at 61172.20 Beginning of Reporting Period..... 30438.61 19020.39 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 80192.59 92612.29 6(a) and 6(c) for Column B)..... 5750.00 18169.70 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 74442.59 74442.59 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO

Debts and Obligations Owed BY
 the Committee (Itemize all on Schedule C and/or Schedule D)

the Committee (Itemize all on

Schedule C and/or Schedule D)

0.00

0.00

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

I. Receipts	I. Receipts COLUMN A Total This Period					
I. Contributions (other than loans) From:	Total Tille Totlea	Calendar Year-to-Date				
(a) Individuals/Persons Other						
Than Political Committees						
(i) Itemized (use Schedule A)	18900.00	29050.00				
(ii) Unitemized	100.00	1350.00				
(iii) TOTAL (add						
Lines 11(a)(i) and (ii)▶	19000.00	30400.00				
	0.00	0.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry	19000.00	30400.00				
Totals to Line 33, page 5)▶	1900.00	00 100.00				
2. Transfers From Affiliated/Other	0.00	0.00				
Party Committees	0.00	0.00				
3. All Loans Received	0.00	0.00				
5. All Loans Received	7	0.00				
	0.00	0.00				
4. Loan Repayments Received	0.00	0.00				
5. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)	0.00	0.00				
(Carry Totals to Line 37, page 5)	0.00	0.00				
5. Refunds of Contributions Made						
to Federal Candidates and Other Political Committees	0.00	0.00				
7. Other Federal Receipts	0.00	0.00				
(Dividends, Interest, etc.)	20.39	38.61				
3. Transfers from Non-Federal and Levin Funds	20.39	30.01				
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
(5.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(b) Levill Fullus (IIOIII Schedule H5)	7	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
(c) Total Transfers (add To(a) and To(b))	0.00	0.00				
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	19020.39	30438.6				
D. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	19020.39	30438.61				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calcillati ical-to-bate		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non Foderal Chara	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party				
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	2000.00	14300.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use scriedule 1)		0.00		
Loan Repayments Made	0.00	0.00		
		0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other	0.00	0.00		
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		
(444 2.1100 25(4), (5), 4.14 (5), 1.111111				
Other Disbursements	3750.00	3869.70		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(i) redetal Share				
(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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5750.00	18169.70		
, , , , , , , , , , , , , , , , , , ,	3.33.03	10103.70		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
from Line 31)	5750.00	18169.70		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	19000.00	30400.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19000.00	30400.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOR LINE NUMBER:				PAGE		6	OF	15	
(check only one)									
X	11a [11b		11c		12		
	13		14		15		16	;	17

or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Renaissance Health Service	Corporation Political Action Commit	ttee
Full Name (Last, First, Middle Initial) Thomas J Fleszar		Date of Receipt
Mailing Address 1175 Harrow Circle		07 26 2013
City Bloomfield Hills	State Zip Code MI 48304-3922	Transaction ID : 21034735 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer Retired	Occupation Retired	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	Contribution
Full Name (Last, First, Middle Initial) 3. Susan F Smith		Date of Receipt
Mailing Address 2420 North Taylor	State Zin Code	08 12 2013
City Little Rock	State Zip Code AR 72207-3625	Transaction ID : 21081859
FEC ID number of contributing federal political committee.	C 72207-3023	Amount of Each Receipt this Period 1400.00
Name of Employer Metopolitan National Bank	Occupation Senior EVP/COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	Contribution
Full Name (Last, First, Middle Initial) C. Stephen Chreist		Date of Receipt
Mailing Address 65 Pinon Hill Pl. NE		08 12 2013
City Albuquerque	State Zip Code NM 87122-1914	Transaction ID : 21081860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1400.00
Name of Employer N/A	Occupation Retired	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	Contribution
SUBTOTAL of Receipts This Page (optional	ıl)	4300.00
	nber only)	

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

FOR LINE NOMBER (check only one)

FOR L	PAGE		7	OF	15			
(check only one)								
X 11	а	11b		11c		12		
13	3	14		15		16		17

or for commercial purposes, other than using	g the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Renaissance Health Service	Corporation Political Action Commit	itee
Full Name (Last, First, Middle Initial) Olivia Kirtley		Date of Receipt
Mailing Address 3971 Gulf Shore Blvd.,N	Apt 1204	08 12 2013
City	State Zip Code	Transaction ID : 21081861
Naples	FL 34103-2105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1400.00
Name of Employer	Occupation	1
N/A	Retired	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	Contribution
Full Name (Last, First, Middle Initial) 3. James P. Hallan	1	Date of Receipt
Mailing Address 2490 Overglen Ct.		08 12 2013
City	State Zip Code	Transaction ID: 21081862
East Lansing	MI 48823-9475	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
MI Retailers Association	President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Contribution
Full Name (Last, First, Middle Initial) Laura Stearns		Date of Receipt
Mailing Address 5154 Sapphire Circle		08 12 2013
City East Lansing	State Zip Code MI 48823-7266	Transaction ID : 21081863 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Michigan Catholic Conference	Vice President, Service Program Operat	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1200.00	Contribution
SUBTOTAL of Receipts This Page (optional	l)	2900.00
TOTAL This Period (last page this line num	nber only)	

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

FOR LINI	PAGE	= -	8 O	F	15		
(check only one)							
X 11a	1	1b	11c		12		
13	14	4	15		16		17

or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Renaissance Health Service C	orporation Political Action Commit	tee
Full Name (Last, First, Middle Initial) Michael B Mountjoy Mailing Address 5003 Old Federal Road		Date of Receipt
City Louisville	State Zip Code KY 40207-1200	Transaction ID : 21081864 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1400.00
Name of Employer Mountjoy & Bressler LLP	Occupation Accountant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	Contribution
Full Name (Last, First, Middle Initial) Frank N. Buzaki Mailing Address 3767 Heartwood St., N.W.		Date of Receipt 08 12 2013
City Uniontown	State Zip Code OH 44685-8603	Transaction ID: 21081865
FEC ID number of contributing federal political committee.	C 44663-8603	Amount of Each Receipt this Period 700.00
Name of Employer United Steel Receipt For: Primary General Other (specify) ▼	Occupation International Staff Rep. Aggregate Year-to-Date ▼ 700.00	Contribution
Full Name (Last, First, Middle Initial) Mel Collazo D.D.S. Mailing Address P.O. 21822		Date of Receipt 08 02 2013
City Little Rock	State Zip Code AR 72212	Transaction ID : 21085055 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1400.00
Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 1400.00	Contribution
SUBTOTAL of Receipts This Page (optional)	•	3500.00
TOTAL This Period (last page this line numbe	r only)	

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

					PAGE	:	9	OF	15	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	,	17

or for commercial purposes, other than using the	e name and address of any political committee to	5 SOIIGH COMMIDULIONS HOM SUCH COMMINUTE.
NAME OF COMMITTEE (In Full) Renaissance Health Service Co	orporation Political Action Committ	tee
Full Name (Last, First, Middle Initial) James R. Stahl DDS Mailing Address 29544 Duxbury Ln.		Date of Receipt
City Perrysburg	State Zip Code OH 43551-3412	08 04 2013 Transaction ID : 21085056
FEC ID number of contributing federal political committee.	C 43331-3412	Amount of Each Receipt this Period 700.00
Name of Employer Self-employed	Occupation Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	Contribution
Full Name (Last, First, Middle Initial) Campbell Sowell Jr. Mailing Address 4039 Pulaski Hwy		Date of Receipt
City Culleoka	State Zip Code TN 38451-2028	08 12 2013 Transaction ID : 21092611 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	900.00
Name of Employer Campbell M. Sowell DDS	Occupation Self-Employed Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	Contribution
Full Name (Last, First, Middle Initial) Michael T Schaeffer		Date of Receipt
Mailing Address 522 Old State Route 74		08 14 2013
City Cincinnati	State Zip Code OH 45244-2180	Transaction ID : 21092711 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	700.00
Name of Employer self-employed	Occupation Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	Contribution
SUBTOTAL of Receipts This Page (optional)	•	2300.00
TOTAL This Period (last page this line number	only)	

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

F	FOR LINE NUMBER:				PAGE	1	10	OF		15	
((check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		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 t	the name and address of any political committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Renaissance Health Service C	Corporation Political Action Commit	tee					
Full Name (Last, First, Middle Initial) A. John Collier Jr.		Date of Receipt					
Mailing Address 401 Brierwood Dr.		08 27 2013					
City	State Zip Code	Transaction ID: 21098683					
Columbia EEC ID number of contributing	TN 38401-2202	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1400.00					
Name of Employer	Occupation	1					
Maury Regional Hospital	Assistant Administrator						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	Contribution					
Full Name (Last, First, Middle Initial) 3. Colleen Vienna D.D.S.		Date of Receipt					
Mailing Address 26112 Byron Dr.		08 26 2013					
City	State Zip Code OH 44070-1914	Transaction ID : 21131782					
North Olmsted	110.010.1	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer	Occupation	1					
Self-employed Receipt For:	Dentist	-					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution					
Full Name (Last, First, Middle Initial) C. Paul Carruth		Date of Receipt					
Mailing Address 8416 Seagate Drive		08 27 2013					
City Raleigh	State Zip Code NC 27615-4433	Transaction ID : 21131783					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00					
Name of Employer	Name of Employer Occupation						
Self-employed	Attorney						
Receipt For: Primary General	Aggregate Year-to-Date ▼	Contribution					
Other (specify) ▼	500.00	Contribution					
SUBTOTAL of Receipts This Page (optional).		2400.00					
TOTAL This Period (last page this line number	<u> </u>						

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

FOR LINE NUMBER:					PAGE	. 1	11	OF	15
(chec	k only	or	ıe)						
X	11a		11b		11c		12		
	13		14		15		16		17

or for cor	nmercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\	of committee (In Full) aissance Health Service Co	rporation Political Action Committ	ee
4. EW	ame (Last, First, Middle Initial) eldon Johnson		Date of Receipt
Mailing	g Address 13 Pine Trail		09 02 2013
City		State Zip Code	Transaction ID : 21151929
Texar	kana	AR 71854-3033	Amount of Each Receipt this Period
	D number of contributing political committee.	C	1400.00
Name	of Employer	Occupation	
	mployed	Construction Industry Consultant	
	ot For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	Contribution
	ame (Last, First, Middle Initial) ruce Baird D.D.S.		Date of Receipt
	Address P.O. Box 817	0	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	100	State Zip Code TN 37375-0817	Transaction ID : 21205926
Sewar		0.0.0 00.1	Amount of Each Receipt this Period
federa	D number of contributing I political committee.	C	2100.00
	of Employer	Occupation	
	ce Baird, D.D.S.	Dentist	
	of For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	Contribution
Full Na	ame (Last, First, Middle Initial)		Date of Receipt
Mailing	g Address		M M / D D / Y Y Y Y
City		State Zip Code	Amount of Each Receipt this Period
	O number of contributing I political committee.	C	7
Name	of Employer	Occupation	
	ot For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTO	TAL of Receipts This Page (optional)	>	3500.00
TOTAL	This Period (last page this line number of	nly)	18900.00

ľ

SCHEDULE B (FEC Form 3X)	Lloo concrete cala dula (a)	FOR LINE NUMBER: PAGE 12 OF 15							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 X 23						
	Detailed Summary Page	27	28a 28b	28c 29 30					
Any information copied from such Reports and Staten	nents may not be sold or u	sed by any perso	on for the purpose of	soliciting contributions					
or for commercial purposes, other than using the nan	ne and address of any politi	cal committee to	solicit contributions f	rom such committee.					
NAME OF COMMITTEE (In Full)	andina Delitinal Anti	0:							
Renaissance Health Service Corpo	oration Political Acti	on Committ	ee						
Full Name (Last, First, Middle Initial)									
A. Johnson For Congress	Date of Disbursement								
Mailing Address P.O. Box 14496	07 25 2013								
City	City State Zip Code								
Poland	OH 44514		Transaction ID:	21030473					
Purpose of Disbursement Contribution		011	Amount of Each D	isbursement this Period					
Candidate Name		Category/							
Rep. Bill Johnson		Type	,	1000.00					
Office Sought: House Disburser Senate	nent For: 2014 Primary Seneral		Caratrila estica						
President	Other (specify) ▼		Contribution						
State: OH District: 06									
Full Name (Last, First, Middle Initial)									
B. Jim Renacci For Congress		Date of Disbursement							
Mailing Address P.O. Box 88		08 / 22	2013						
,	State Zip Code		Transaction ID :	21096876					
Wadsworth Purpose of Disbursement	OH 44282								
Contribution		011	Amount of Each Disbursement this Perior						
Candidate Name		Category/							
Rep. James Renacci		Type	1000.00						
	nent For: 2014		0						
	Primary General Other (specify) ▼		Contribution						
State: OH District: 16	Care (opcony)								
Full Name (Last, First, Middle Initial)									
C.			Date of Disbursem	ent					
Mailing Address		M M / D D	/						
City	State Zip Code								
Purpose of Disbursement									
Candidate Name	Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disburser	nent For:	туре	7	7					
	Primary General								
President	Other (specify) ▼								
State: District:									
CURTOTAL of Dishumanus at This Book (a. 1)				2000.00					
SUBTOTAL of Disbursements This Page (optional)		·····		2000.00					
TOTAL This Period (last page this line number only)				2000.00					
•		-		,					

ľ

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 1				
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) (check onl			nly one)			
			Summary Page	21b	22 23	24 25 26		
_		<u> </u>		27	28a 28b	28c X 29 30b		
Ar or	ny information copied from such Reports and Staten for commercial purposes, other than using the name	nents may ne and add	not be sold or us lress of any polition	ed by any perso al committee to	on tor the purpose of solicit contributions from	soliciting contributions om such committee.		
	NAME OF COMMITTEE (In Full)		-					
	Renaissance Health Service Corpo	ration F	Political Action	on Committ	ee			
	Full Name (Last, First, Middle Initial)				Data of Dialous			
A.			Date of Disbursement					
	Mailing Address 550 E. Walnut St.				09 26	2013		
	,	State OH	Zip Code		Transaction ID: 2	1156984		
	Columbus Purpose of Disbursement	ОП	43215					
	Contribution Candidate Name			011	Amount of Each Dis	sbursement this Period		
	OH Rep. Michael Stinziano			Category/		500.00		
	<u> </u>	nent For:	2014	Туре				
	Senate President	Primary Other (spe	X General		Contribution			
_	State: OH District: 18							
D	Full Name (Last, First, Middle Initial)				Data of Diahuraama	ant.		
О.	Romanchuk for State Rep		Date of Disburseme	/ Y Y Y Y Y				
	Mailing Address 3306 Oakstone Dr.		10 17 2013					
	Mansfield	State OH	Zip Code 44903		Transaction ID : 2	21206232		
	Purpose of Disbursement Contribution			011	Amount of Each Dis	sbursement this Period		
	Candidate Name OH Rep. Mark Romanchuk	Category/ Type			500.00			
	•	nent For:	2014	71	,			
		Primary	X General		Contribution			
	President State: OH District: 02	Other (spe	ecify) 🔻					
_	Full Name (Last, First, Middle Initial)				_			
C.	Citizens for Sears				Date of Disburseme	ent		
	Mailing Address P.O. Box		10 17 2013					
	,	State	Zip Code		Transaction ID : 21206233			
	Sylvania Purpose of Disbursement	ОН	43560			_ 30_0		
	Contribution		011					
	Candidate Name		Amount of Each Disbursement this Perior					
	OH Rep. Barbara Sears	Category/ Type		1000.00				
	Office Sought: House Disbursen	71		,				
	Senate President	General		Contribution				
	State: OH District: 47	Other (spe	ecity) \blacktriangledown					
	5.00.00.47							
s	SUBTOTAL of Disbursements This Page (optional)			·····•	7	2000.00		
1	OTAL This Period (last page this line number only)				7			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 14 OF 15					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBET.				
	for each category of the Detailed Summary Page	21b	22 23 24 25 26				
	, ,	27	28a 28b 28c X 29 30				
Any information copied from such Reports and State							
or for commercial purposes, other than using the na	The and address of any politic	cai committee to	Solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	oration Dalitical Activ	on Committ					
Renaissance Health Service Corp	oration Political Action	on Commit	ee				
Full Name (Last, First, Middle Initial)	Date of Disbursement						
A. Committee to Elect Sean J. O'Brie							
Mailing Address 7337 Warren - Sharon Road	10 31 2013						
City	State Zip Code						
Brookfield	OH 44403		Transaction ID: 21223092				
Purpose of Disbursement							
Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	250.00				
OH Rep. Sean O'Brien Office Sought: House Disburse	ment Ferr 2011	Туре	200.00				
Office Sought: House Disburse Senate	ment For: 2014		0				
President	Primary		Contribution				
State: OH District: 63	Caron (opcomy)						
Full Name (Last, First, Middle Initial)							
B. Friends of Heard		Date of Disbursement					
		M M / D D / Y Y Y Y					
Mailing Address 1121 Gartner Court		11 07 2013					
City Obetz	State Zip Code OH 43207		Transaction ID: 21254836				
Purpose of Disbursement							
	Contribution						
Candidate Name		Category/	500.00				
OH Rep. Tracy Heard Office Sought: House Disburse	ment For: 2014	Туре					
Senate	Primary General		Contribution				
President	Other (specify)		Contribution				
State: OH District: 26	(
Full Name (Last, First, Middle Initial)							
C. Citizens for Sears			Date of Disbursement				
		M M / D D / Y Y Y Y					
Mailing Address P.O. Box			12 05 2013				
City	State Zip Code						
Sylvania	OH 43560		Transaction ID: 21300570				
Purpose of Disbursement							
Contribution	011	Amount of Each Disbursement this Period					
Candidate Name	Category/	500.00					
OH Rep. Barbara Sears	. =	Туре	300.00				
	ment For: 2014						
Senate President	Primary		Contribution				
State: OH District: 47	Other (specify)						
5.00.0 Off 2.00.00 47							
SUBTOTAL of Disbursements This Page (optional).			1250.00				
CODITION OF DISBURSCHICKS THIS Fage (optional).			7 7				
TOTAL This Period (last page this line number only	·)						

SCHEDULE B (FEC Form 3X)	Haraman L. I. I. (.)	FOR LINE	LINE NUMBER: PAGE 15 OF 15						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28 28b	24 25 26 28c X 29 30					
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or use	ed by any perso	on for the purpose of s	oliciting contributions					
NAME OF COMMITTEE (In Full) Renaissance Health Service Corpo				an oden denimikoe.					
Full Name (Last, First, Middle Initial)			Data of Diahumaana						
Friends of Faber Mailing Address 7706 State Route 703		Date of Disbursement 12 05 2013							
City									
Celina	OH 45822		Transaction ID: 2	1300571					
Purpose of Disbursement Contribution		011	Amount of Each Dis	bursement this Period					
Candidate Name		Category/		500.00					
	nent For: 2014 Primary X General	Type	Contribution	000.00					
President State: OH District:	Other (specify)		Contribution						
Full Name (Last, First, Middle Initial) B.		Date of Disburseme	nt						
Mailing Address		M = M / D = D / Y = Y = Y							
City									
Purpose of Disbursement			Amount of Each Disbursement this Perio						
Candidate Name		Category/ Type							
President	nent For: Primary General Other (specify)								
State: District: Full Name (Last, First, Middle Initial)									
C									
Mailing Address									
City	City State Zip Code								
Purpose of Disbursement		rne l							
Candidate Name	Category/ Type								
	nent For: Primary General Other (specify)	,,							
SUBTOTAL of Disbursements This Page (optional)				500.00					
			7	2750.00					
TOTAL This Period (last page this line number only)			1	3750.00					