

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Renaissance Health Service Corporation Political Action Committee

ADDRESS (number and street) P.O. Box 293
Check if different than previously reported. (ACC) Okemos MI 48864

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00450288 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [07] / [01] / [2016] through [09] / [30] / [2016]

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] / [14] / [2016]

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="2016"/>	<input type="text" value="86766.17"/>	<input type="text" value="86766.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="82079.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="32206.87"/>	<input type="text" value="37969.88"/>
(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="114286.05"/>	<input type="text" value="124736.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4893.65"/>	<input type="text" value="15343.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="109392.40"/>	<input type="text" value="109392.40"/>
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).....	32200.00	37550.00
(ii) Unitemized	0.00	400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	32200.00	37950.00
(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)	32200.00	37950.00
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.).....	6.87	19.88
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)).....▶	32206.87	37969.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	32206.87	37969.88

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.....	3943.65	11643.65
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).....	950.00	3700.00
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)) ..	4893.65	15343.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4893.65	15343.65

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)	32200.00	37950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32200.00	37950.00
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 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Hallan, James, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2490 Overglen Ct.
 City East Lansing State MI Zip Code 48823-9475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MI Retailers Association Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 30 / 2016
Transaction ID : 23394681
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Smith, Susan, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2420 North Taylor
 City Little Rock State AR Zip Code 72207-3625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metopolitan National Bank Occupation (for Individual) Senior EVP/COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 30 / 2016
Transaction ID : 23394682
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Christ, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 Pinon Hill Pl. NE
 City Albuquerque State NM Zip Code 87122-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 08 / 30 / 2016
Transaction ID : 23394683
 Amount of Each Receipt this Period 1400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3400.00
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 16
<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. Cahill, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3251 Hanover Court
 City Milford State MI Zip Code 48380-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 08 / 30 / 2016
Transaction ID : 23394684
 Amount of Each Receipt this Period
 1050.00
 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) OmniCare Corporation Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 08 / 30 / 2016
Transaction ID : 23394685
 Amount of Each Receipt this Period
 1400.00
 Memo Item

C. Scheiderer, Kelly, J, , RHIA, MHA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3245 Echo Park Dr.
 City Hilliard State OH Zip Code 43026-7181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The OSU Medical Center Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 08 / 30 / 2016
Transaction ID : 23394686
 Amount of Each Receipt this Period
 2100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4550.00
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 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Collazo, Mel, , , D.D.S.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. 21822

City Little Rock	State AR	Zip Code 72212
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Orthodontist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1400.00

Date of Receipt
 08 / 30 / 2016
Transaction ID : 23394687

Amount of Each Receipt this Period
 1400.00

Memo Item

B. Harris, Joseph, C., , D.D.S.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 Abbey Wood Court.

City Oakland Twp.	State MI	Zip Code 48306-2600
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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 ▼
 2700.00

Date of Receipt
 08 / 30 / 2016
Transaction ID : 23394688

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Eklund, Stephen, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1609 Brooklyn Ave.

City Ann Arbor	State MI	Zip Code 48104-4420
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 08 / 30 / 2016
Transaction ID : 23394689

Amount of Each Receipt this Period
 2100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6200.00
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 16
<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. Fleszar, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1175 Harrow Circle
 City Bloomfield Hills State MI Zip Code 48304-3922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 08 / 15 / 2016
Transaction ID : 23449642
 Amount of Each Receipt this Period 2100.00
 Memo Item

B. 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 ▼ 1050.00

Date of Receipt 08 / 15 / 2016
Transaction ID : 23449643
 Amount of Each Receipt this Period 1050.00
 Memo Item

C. Keller, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13569 Otusso Dr.
 City Perrysburg State OH Zip Code 43551-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ProMedica Health System Occupation (for Individual) Vice President of Compensation and Be
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 08 / 15 / 2016
Transaction ID : 23449644
 Amount of Each Receipt this Period 2100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5250.00
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 16
<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. Schaeffer, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 522 Old State Route 74
 City Cincinnati State OH Zip Code 45244-2180
 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 ▼ 1050.00

Date of Receipt 08 / 15 / 2016
Transaction ID : 23449645
 Amount of Each Receipt this Period 1050.00
 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) Ann M. Flermoen, D.D.S. Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2450.00

Date of Receipt 08 / 15 / 2016
Transaction ID : 23449646
 Amount of Each Receipt this Period 2450.00
 Memo Item

C. Buzaki, Frank, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3767 Heartwood St., NW
 City Uniontown State OH Zip Code 44685-8603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Steelworkers Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 08 / 15 / 2016
Transaction ID : 23449647
 Amount of Each Receipt this Period 1050.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4550.00
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 16
<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. Jacobson, Jed, J., , D.D.S.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 Heritage Drive
 City Ann Arbor State MI Zip Code 48105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delta Dental of Michigan Occupation (for Individual) SVP & Chief Science Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt **08 / 15 / 2016**
Transaction ID : 23449648
 Amount of Each Receipt this Period 2100.00
 Memo Item

B. Anderson, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3161 Melbury Dr
 City Columbus, OH 43221-4934 State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt **08 / 15 / 2016**
Transaction ID : 23449649
 Amount of Each Receipt this Period 2600.00
 Memo Item

C. Howie, Joshua, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2124 Harrison St.
 City Glenview State IL Zip Code 60025-4955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Freeport Financial, LLC Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : 23449707
 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 12 OF 16
<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. 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) Assistant Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 23449709
 Amount of Each Receipt this Period 1050.00
 Memo Item

B. Carruth, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8416 Seagate Drive
 City Raleigh State NC Zip Code 27615-4433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 23449710
 Amount of Each Receipt this Period 400.00
 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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	32200.00

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. Delta Dental of Michigan

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2016

Mailing Address 4100 Okemos Rd.

FEC Identification Number

C

Transaction ID : 23394676

Amount of Each Disbursement this Period

690.00

Memo Item Reimbursement - Inkind contribution

City Okemos State MI Zip Code 48864

Purpose of Disbursement
Reimbursement - Inkind contribution

011

Category/
Type

Candidate Name
Stabenow, Debbie, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: MI District:

Full Name (Last, First, Middle Initial)

B. Richard Lantz

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2016

Mailing Address 84 Bouck Ave.

FEC Identification Number

C

Transaction ID : 23470972

Amount of Each Disbursement this Period

75.71

Memo Item Reimbursement - Inkind

City Grand Ledge State MI Zip Code 48837

Purpose of Disbursement
Reimbursement - Inkind

011

Category/
Type

Candidate Name
Stabenow, Debbie, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: MI District:

Full Name (Last, First, Middle Initial)

C. Delta Dental of Michigan

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2016

Mailing Address 4100 Okemos Rd.

FEC Identification Number

C

Transaction ID : 23470974

Amount of Each Disbursement this Period

86.56

Memo Item Reimbursement - Inkind

City Okemos State MI Zip Code 48864

Purpose of Disbursement
Reimbursement - Inkind

011

Category/
Type

Candidate Name
Stabenow, Debbie, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: MI District:

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

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

852.27

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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 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. Richard Lantz

Mailing Address 84 Bouck Ave.

City
Grand Ledge

State
MI

Zip Code
48837

Purpose of Disbursement
Reimbursement - Inkind contribution

011

Category/
Type

Candidate Name
Stabenow, Debbie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C [REDACTED]
Transaction ID : 23470975
Amount of Each Disbursement this Period
[REDACTED] 32.90

Memo Item Reimbursement - Inkind contribution

Full Name (Last, First, Middle Initial)

B. Luidmila Bondar

Mailing Address 1989 Tamarisk Dr.

City
East Lansing

State
MI

Zip Code
48823

Purpose of Disbursement
Inkind

011

Category/
Type

Candidate Name
Stabenow, Debbie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C [REDACTED]
Transaction ID : 23470976
Amount of Each Disbursement this Period
[REDACTED] 200.00

Memo Item Inkind

Full Name (Last, First, Middle Initial)

C. Continental Services, Inc.

Mailing Address 35710 Mound Rd

City
Sterling Heights

State
MI

Zip Code
48310

Purpose of Disbursement
In Kind - Catering

011

Category/
Type

Candidate Name
Stabenow, Debbie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2016

FEC Identification Number

C [REDACTED]
Transaction ID : 23476631
Amount of Each Disbursement this Period
[REDACTED] 2217.30

Memo Item In Kind - Catering

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

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

[REDACTED]	2450.20
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[REDACTED]	
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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 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. Vine & Brew

Mailing Address 2311 Jolly Road

City Okemos State MI Zip Code 48864

Purpose of Disbursement
In Kind - Beverages

Category/
Type

Candidate Name
Stabenow, Debbie, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MI District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
09 / 28 / 2016

FEC Identification Number
C
Transaction ID : 23476644
Amount of Each Disbursement this Period

In Kind - Beverages

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

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

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

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

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

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

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

**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 Contribution

011
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
07 / 14 / 2016

FEC Identification Number

C
Transaction ID : 23289735
Amount of Each Disbursement this Period
300.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Seitz for Ohio

Mailing Address 4401 Abby Court

City Cincinnati State MI Zip Code 45248

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Seitz, William, , OH Sen.,

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

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2016

FEC Identification Number

C
Transaction ID : 23289785
Amount of Each Disbursement this Period
300.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee for Jim Hughes

Mailing Address 260 N. Cassady Ave.

City Columbus State OH Zip Code 43209

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Hughes, Jim, , OH Sen.,

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

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2016

FEC Identification Number

C
Transaction ID : 23398097
Amount of Each Disbursement this Period
350.00
Contribution

Memo Item

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

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

950.00
950.00