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Image# 201601269004612928

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than A	n Authorized	Committee			Office Use Or	ıly
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		nple: If typing, ty the lines.	ype	12FE4M5		
Renaissance Health Se	ervice Corporat	ion Political	Action Com	mittee			
ADDRESS (number and street)	P.O. Box 293						
Check if different than previously reported. (ACC)	Okemos				MI	48864	
2. FEC IDENTIFICATION NU	IMBER ▼	CITY 🛦		8	STATE 🛦	ZIP	CODE A
C C00450288		3. IS THIS REPORT	× NEW	OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y) July 31 Mid-Year Report (Non-electior Year Only) (MY) Termination Report (TER)	2) PRE-Elec Report fo 3) (d) 30-Day	tion r the: Election on	Jun 2		Sep	in t Sta 0R) in t	Special (30S)
5. Covering Period 07	01	2015	through	M M	31/	2015	<u> </u>
I certify that I have examined thi Type or Print Name of Treasurer	•	best of my know	ledge and belie	f it is tru	e, correct and	complete.	
	rd Lantz		Electronically File		ate 01	/ 26	2016
Office	ous, or incomplete int	omation may sub	geot the person s	ayınıy (N	is neport to tr		ORM 3X
Use Only						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

Report Covering the Period: From: 07 01 2015 To: 12 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		87319.33
	(b) Cash on Hand at Beginning of Reporting Period	81981.98	
	(c) Total Receipts (from Line 19)	12713.48	18076.13
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94695.46	105395.46
7.	Total Disbursements (from Line 31)	7929.29	18629.29
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	86766.17	86766.17
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		17050.00
(i) Itemized (use Schedule A)	12700.00	17850.00
(ii) Unitemized	, 0.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	12700.00	18050.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	200	
(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)▶	12700.00	18050.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
_		
8. All Loans Received	0.00	0.00
=		
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		7 7
(Dividends, Interest, etc.)	13.48	26.13
8. 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
(b) Leviii i unus (nom ochedule rio)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b)) 7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	18076.
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	12713.48	18076.13

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
	perating Expenditures:) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calonial Four to July
	(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	, , ,	0.00	0.00
2 Tr	(add 21(a)(i), (a)(ii), and (b))▶ ransfers to Affiliated/Other Party	0.00	0.00
	ommittees	0.00	0.00
3. Č	ontributions to	7	
ar	ederal Candidates/Committees nd Other Political Committees	3699.29	8399.29
	dependent Expenditures		
(u 5 C	se Schedule E)ordinated Party Expenditures	0.00	0.00
(2	U.S.C. §441a(d))	0.00	0.00
(u	se Schedule F)	4	0.00
6. La	pan Repayments Made	0.00	0.00
7. Lc	pans Made	0.00	0.00
8. Re (a			
`	Than Political Committees	0.00	0.00
(h) Political Party Committees	0.00	0.00
(b (c		0.00	
(0	(such as PACs)	0.00	0.00
(d	,	0.00	0.00
	(add Lines 28(a), (b), and (c))▶	7 7	0.00
9. O	ther Disbursements	4230.00	10230.00
		7	
	ederal Election Activity (2 U.S.C. §431(20))		
(a	Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i suciai oliaic		
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
(c	,	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1. To	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	7929.29	18629.29
	, -,,,(-), -0 4 00(0)/	, , , , ,	10029.29
2. To	otal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)		
fro	om Line 31)	7929.29	18629.29

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)	12700.00	18050.00
Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12700.00	18050.00
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

l					PAGE	=	6	OF	16		
l	(check only one)										
l	[:	X	11a		11b		11c		12	2	
l			13		14		15		16	6	17

or for commercial purposes, other than using the	ne name and address of any political committee to	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) Laura O. Stearns Mailing Address 5154 Sapphire Circle		Date of Receipt
		07 01 2015
City	State Zip Code	Transaction ID : 22566166
East Lansing	MI 48823-7266	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution
Full Name (Last, First, Middle Initial) Cynthia Williams		Date of Receipt
Mailing Address 844 Pebblebrook Lane		07 07 2015
City East Lansing	State Zip Code MI 48823-2164	Transaction ID : 22566167
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Michigan Education Special Services As	Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Contribution
Full Name (Last, First, Middle Initial) C. Patrick Cahill		Date of Receipt
Mailing Address 3251 Hanover Court		08 31 2015
City Milford	State Zip Code MI 48380-3234	Transaction ID : 22735041 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1050.00
Name of Employer	Occupation	-
N/A	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1050.00	
SUBTOTAL of Receipts This Page (optional)	•	2050.00
TOTAL This Period (last page this line number	r only)	

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

l						PAGE	=	7	OF	16	
(check only one)											
l	[:	X	11a		11b		11c		12	2	
l			13		14		15		16	6	17

	Renaissance Health Service Co	rporation Political Action Committe	ee
١.	Full Name (Last, First, Middle Initial) Frank Buzaki Jr.		Date of Receipt
	Mailing Address 3767 Heartwood St., NW		08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 22735042
	Uniontown	OH 44685-8603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1050.00
	Name of Employer	Occupation	
	United Steelworkers	President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
3.	Full Name (Last, First, Middle Initial) Paul Carruth		Date of Receipt
	Mailing Address 8416 Seagate Drive		08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 22735043
	Raleigh	NC 27615-4433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
	Self-employed	Attorney	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
).	Full Name (Last, First, Middle Initial) Stephen Chreist		Date of Receipt
	Mailing Address 65 Pinon Hill Pl. NE		08 31 2015
	City	State Zip Code	Transaction ID: 22735044
	Albuquerque	NM 87122-1914	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1400.00
	Name of Employer	Occupation	
	N/A	Retired	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
S	UBTOTAL of Receipts This Page (optional)	>	2950.00
T	OTAL This Period (last page this line number of	only)	

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

FOR LINE NUMBER:				PAGE		8	OF		16	
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16	,		17

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 Committ	tee				
Full Name (Last, First, Middle Initial) Mel Collazo D.D.S. Mailing Address B.O. 24833		Date of Receipt				
Mailing Address P.O. 21822	Mailing Address P.O. 21822					
City Little Rock	State Zip Code AR 72212	08 31 2015 Transaction ID : 22735045				
FEC ID number of contributing		Amount of Each Receipt this Period				
federal political committee.	C	1400.00				
Name of Employer	Occupation					
Self-employed	Orthodontist					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	1400.00					
Full Name (Last, First, Middle Initial) 3. John Collier Jr.		Date of Receipt				
Mailing Address 401 Brierwood Dr.	08 31 2015					
City	State Zip Code	Transaction ID : 22735046				
Columbia	TN 38401-2202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer	Occupation					
Maury Regional Hospital	Assistant Administrator					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) C. James P. Hallan		Date of Receipt				
Mailing Address 2490 Overglen Ct.		08 31 _ 2015 _				
City East Lansing	State Zip Code MI 48823-9475	Transaction ID : 22735047				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00				
Name of Employer	Occupation					
MI Retailers Association	President & CEO					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1000.00					
SUBTOTAL of Receipts This Page (optional)	2400.00				
TOTAL This Period (last page this line number	per only)					

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

FOR LINE NUMBER:				PAGE	9	OF	16
(check	only c						
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1	3	14		15	16		17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Renaissance Health Service C	Corporation Political Action Committ	tee
Full Name (Last, First, Middle Initial) Michael T Schaeffer Mailing Address 522 Old State Route 74		Date of Receipt
City Cincinnati	State Zip Code OH 45244-2180	08 31 2015 Transaction ID : 22735048 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1200.00
Name of Employer self-employed	Occupation Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) 3. Susan F Smith Mailing Address 2420 North Taylor		Date of Receipt
Mailing Address 2420 North Taylor City	State Zip Code	08 31 2015 Transaction ID : 22735049
Little Rock FEC ID number of contributing federal political committee.	AR 72207-3625	Amount of Each Receipt this Period
Name of Employer Metopolitan National Bank	Occupation Senior EVP/COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial) Campbell Sowell Jr.	· 	Date of Receipt
Mailing Address 4039 Pulaski Hwy		08 31 2015
City Culleoka	State Zip Code TN 38451-2028	Transaction ID : 22735050 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1400.00
Name of Employer Campbell M. Sowell DDS	Occupation Self-Employed Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
SUBTOTAL of Receipts This Page (optional)		4000.00
TOTAL This Period (last page this line numbe		

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

		NUMBER	:	PAGE	. ′	10 C	F	16
(che	eck only	one)						
×	11a	11b		11c		12		
	13	14		15		16		17

or for commercial purposes, other than using t	he name and address of any political committee to	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) James R. Stahl DDS Mailing Address 29544 Duxbury Ln.		Date of Receipt
City Perrysburg	State Zip Code OH 43551-3412	08 31 2015 Transaction ID : 22735051
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Self-employed	Occupation Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) Dr. Michael J. Childers Mailing Address 3503 Westwood Farms Dr.		Date of Receipt 10 07 2015
City Louisville	State Zip Code KY 40220-5023	Transaction ID : 22798003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self-employed	Occupation Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Contribution
Full Name (Last, First, Middle Initial)	'	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		1300.00
TOTAL This Period (last page this line number	er only)	12700.00

	CHEDULE B (FEC Form 3X)		, FOR LINE	
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oring	
		Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Ar	ny information copied from such Reports and Statem	lents may not be sold or u	ısed by any nerso	
or	for commercial purposes, other than using the name	e and address of any poli	tical committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	Renaissance Health Service Corpo	ration Political Act	ion Committ	ee
_	Full Name (Last, First, Middle Initial)			
Α.	Friends of Sherrod Brown			Date of Disbursement
	Mailing Address P.O. Box 15293			07 09 2015
	•	State Zip Code		Transaction ID : 22561256
	Washington	DC 20003		Transaction ID . 22301230
	Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	
	Sherrod Brown		Type	1000.00
		nent For: 2018 Primary		Contribution
		Other (specify) ▼		Communication
	Full Name (Last, First, Middle Initial)			
В.	Delta Dental of Michigan			Date of Disbursement
	Mailing Address 4100 Okemos Rd.			07 31 7 2015
	•	State Zip Code MI 48864		Transaction ID: 22599501
Purpose of Disbursement In-kind contribution of 4dz. golf balls and 100 toothbro			011	Amount of Each Disbursement this Period
				Amount of Each Disbursement this Feriod
	Candidate Name			
			Category/ Type	107.80
	John Moolenaar	nent For: 2016	Category/ Type	107.80
	John Moolenaar Office Sought: House Senate Disbursen	Primary General		In-kind contribution of 4dz. golf balls and 100
	John Moolenaar Office Sought: House Senate President State: MI District: 04			
_	John Moolenaar Office Sought: House Senate President State: MI District: 04 Full Name (Last, First, Middle Initial)	Primary General		In-kind contribution of 4dz. golf balls and 100 toothbrushes
C.	John Moolenaar Office Sought: House Senate President State: MI District: 04	Primary General		In-kind contribution of 4dz. golf balls and 100 toothbrushes Date of Disbursement
C .	John Moolenaar Office Sought: House Senate President State: MI District: 04 Full Name (Last, First, Middle Initial)	Primary General		In-kind contribution of 4dz. golf balls and 100 toothbrushes
С.	John Moolenaar Office Sought: House Senate President State: MI District: 04 Full Name (Last, First, Middle Initial) Debbie Dingell For Congress Mailing Address PO Box 746	Primary General Other (specify) ▼		In-kind contribution of 4dz. golf balls and 100 toothbrushes Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	John Moolenaar Office Sought: House Senate President State: MI District: 04 Full Name (Last, First, Middle Initial) Debbie Dingell For Congress Mailing Address PO Box 746 City Senate President Senate Presi	Primary General Other (specify) ▼		In-kind contribution of 4dz. golf balls and 100 toothbrushes Date of Disbursement
c .	John Moolenaar Office Sought: House Senate President State: MI District: 04 Full Name (Last, First, Middle Initial) Debbie Dingell For Congress Mailing Address PO Box 746 City	Primary General Other (specify) ▼ State Zip Code		In-kind contribution of 4dz. golf balls and 100 toothbrushes Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
с.	John Moolenaar Office Sought: House Senate President State: MI District: 04 Full Name (Last, First, Middle Initial) Debbie Dingell For Congress Mailing Address PO Box 746 City Senate President Senate Presi	Primary General Other (specify) ▼ State Zip Code	Type O11	In-kind contribution of 4dz. golf balls and 100 toothbrushes Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	John Moolenaar Office Sought: House Senate President State: MI District: 04 Full Name (Last, First, Middle Initial) Debbie Dingell For Congress Mailing Address PO Box 746 City Senate Purpose of Disbursement Contribution Candidate Name Debbie Dingell	Primary General Other (specify) State Zip Code MI 48121	Type	In-kind contribution of 4dz. golf balls and 100 toothbrushes Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	John Moolenaar Office Sought: House Senate President State: MI District: 04 Full Name (Last, First, Middle Initial) Debbie Dingell For Congress Mailing Address PO Box 746 City Senate President City Senate President Senate P	Primary General Other (specify) State Zip Code MI 48121 ment For: 2016	Type O11 Category/	In-kind contribution of 4dz. golf balls and 100 toothbrushes Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	John Moolenaar Office Sought: House Senate President State: MI District: 04 Full Name (Last, First, Middle Initial) Debbie Dingell For Congress Mailing Address PO Box 746 City Senate Purpose of Disbursement Contribution Candidate Name Debbie Dingell Office Sought: House Senate Disbursement	Primary General Other (specify) State Zip Code MI 48121 ment For: 2016 Primary General	Type O11 Category/	In-kind contribution of 4dz. golf balls and 100 toothbrushes Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	John Moolenaar Office Sought: House Senate President State: MI District: 04 Full Name (Last, First, Middle Initial) Debbie Dingell For Congress Mailing Address PO Box 746 City Senate Purpose of Disbursement Contribution Candidate Name Debbie Dingell Office Sought: House Senate Disbursement	Primary General Other (specify) State Zip Code MI 48121 ment For: 2016	Type O11 Category/	In-kind contribution of 4dz. golf balls and 100 toothbrushes Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	John Moolenaar Office Sought: House Senate President State: MI District: 04 Full Name (Last, First, Middle Initial) Debbie Dingell For Congress Mailing Address PO Box 746 City Senate Purpose of Disbursement Contribution Candidate Name Debbie Dingell Office Sought: House Senate President State: MI District: 12	Primary General Other (specify) ▼ State Zip Code MI 48121 ment For: 2016 Primary General Other (specify) ▼	O11 Category/ Type	In-kind contribution of 4dz. golf balls and 100 toothbrushes Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	John Moolenaar Office Sought: House Senate President State: MI District: 04 Full Name (Last, First, Middle Initial) Debbie Dingell For Congress Mailing Address PO Box 746 City Senate Purpose of Disbursement Contribution Candidate Name Debbie Dingell Office Sought: House Senate President	Primary General Other (specify) ▼ State Zip Code MI 48121 ment For: 2016 Primary General Other (specify) ▼	O11 Category/ Type	In-kind contribution of 4dz. golf balls and 100 toothbrushes Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

2	CHEDULE B (FEC Form 3X)			
٠,	CHEDOLL D (I LC I OHII 3X)	Use separate schedule(s)	FOR LINE	
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	
		Detailed Summary Page	21b	22 🗙 23 📗 24 📗 25 📉 26
		1, 1, 1,	27	28a 28b 28c 29 30b
Α	ny information copied from such Reports and State	ments may not be sold or us	ed by any perso	on for the purpose of soliciting contributions
10	r for commercial purposes, other than using the nar	ne and address of any politic	al committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	·	aration Political Actio	on Committ	00
/	Renaissance Health Service Corp	Station Political Action	on Commit	ee
_	Full Name (Last, First, Middle Initial)			
Α.	,			Date of Disbursement
٦.	Delta Flowers			
	Moiling Address 9744 W Conings			M M / D D / Y Y Y Y
	Mailing Address 8714 W. Saginaw			11 16 2015
	Suite M	State Zip Code		
	City			Transaction ID: 22802623
	Lansing Purpose of Disbursement	MI 48917		
	In-kind contribution of flowers for 11/16 event		011	Amount of Fook Dishuraneset this Davied
			011	Amount of Each Disbursement this Period
	Candidate Name		Category/	215.99
	Gary Peters		Туре	210.00
	Office Sought: House Disburse	ment For: 2020		
	X Senate	Primary Seneral		In-kind contribution of flowers for 11/16 event
	President	Other (specify) ▼		
	State: MI District:			
	Full Name (Last, First, Middle Initial)			
В.	Continental Services, Inc.			Date of Disbursement
	Continonial Convicce, me.			M M / D D / Y Y Y Y
	Mailing Address 35710 Mound Rd			11 16 2015
	5			
	City	State Zip Code		T (1 ID 00000010
	Sterling Heights	MI 48310		Transaction ID: 22802919
	Purpose of Disbursement			
	In-kind contribution of catering for 11/16 event		011	Amount of Each Disbursement this Period
	Candidate Name		Catagony	
	Gary Peters		Category/ Type	1625.50
		ment For: 2020	.,,,,,	,
	✓ Senate	Primary Seneral		In kind contribution of actoring for 11/16 event
	President	Other (specify)		In-kind contribution of catering for 11/16 event
	State: MI District:	Carlot (openity)		
	Full Name (Last, First, Middle Initial)			Data of Diahuwaamant
٠.	Delta Dental of Michigan			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address 4100 Okemos Rd.			11 19 2015
	City	Ctoto 7:- 0 - 1-		
	City Okemos	State Zip Code MI 48864		Transaction ID: 22807679
	Purpose of Disbursement	48804		
	In-kind for 11/16 room rental		011	Assessment of Foods Disharman and this Deviced
	Candidate Name			Amount of Each Disbursement this Period
	Gary Peters		Category/ Type	250.00
		ment For: 2020	Type	
	✓ Senate	Primary X General		In Hard for AA/AO
	President	Other (specify)		In-kind for 11/16 room rental
		onici (specity)		
	State: MI District:			
				2091.49
_ {	SUBTOTAL of Disbursements This Page (optional)		······	2001.49
				3699.29
-	FOTAL This Pariod (last nage this line number only	\		30aa.za

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c × 29 30		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full) Renaissance Health Service Corpo					
Full Name (Last, First, Middle Initial)					
A. Friends of Nicholas J. Celebrezze			Date of Disbursement		
Mailing Address 2344 Canal Rd.			07 09 7 2015		
	State Zip Code		Transaction ID : 22561254		
Cleveland Purpose of Disbursement	OH 44113				
Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
OH Rep. Nicholas Celebrezze		Type	250.00		
Office Sought: House Senate President State: Disburser	nent For: Primary General Other (specify)		Contribution		
Full Name (Last, First, Middle Initial)					
B. Romanchuk for State Rep			Date of Disbursement		
Mailing Address 3306 Oakstone Dr.			10 08 2015		
City Mansfield Purpose of Disbursement	State Zip Code OH 44903		Transaction ID: 22740115		
Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
OH Rep. Mark Romanchuk		Type	350.00		
Office Sought: House Disburser Senate President State: District:	ment For: Primary ☐ General Other (specify) ▼		Contribution		
Full Name (Last, First, Middle Initial) Citizens for Stephanie Kunze			Date of Disbursement		
Mailing Address 865 Macon Alley		Contribution Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Columbus	State Zip Code OH 43206		Transaction ID : 22740116		
Purpose of Disbursement Contribution	011	Amount of Each Disbursement this Period			
Candidate Name OH Rep. Stephanie Kunze		Category/ Type	350.00		
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼	.,,,,,	Contribution		
State: District:					
SUBTOTAL of Disbursements This Page (optional)		······	950.00		
TOTAL This Period (last page this line number only))				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 14 OF 16
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) Renaissance Health Service Corpo	,			in cush committee.
Full Name (Last, First, Middle Initial)				
A. Friends of Faber Mailing Address 7706 State Route 703			Date of Disbursement	2015
Celina	State Zip Code OH 45822		Transaction ID: 22	2789224
Purpose of Disbursement Contribution		011	Amount of Each Dis	bursement this Period
Candidate Name OH Sen. Keith Faber		Category/		1000.00
Office Sought: House Disbursem	nent For: Primary General Other (specify)	Type	Contribution	7
Full Name (Last, First, Middle Initial) Friends of Joe Schiavoni for State S Mailing Address 87 Westchester Drive	Senate		Date of Disbursement	2015
Youngstown	State Zip Code OH 44515		Transaction ID : 22	2849149
Purpose of Disbursement Contribution		011	Amount of Each Dis	bursement this Period
Candidate Name OH Sen. Joe Schiavoni		Category/		500.00
Office Sought: House Disbursem	nent For: Primary General Other (specify)	Туре	Contribution	
Full Name (Last, First, Middle Initial) Citizens for Obhof			Date of Disbursemen	
Mailing Address 5206 Crown Pointe Drive			12 / 10	2015
Medina	State Zip Code OH 44256		Transaction ID: 22	2864023
Purpose of Disbursement Contribution	011	Amount of Each Dis	bursement this Period	
Candidate Name OH Sen. Larry Obhof		Category/ Type		500.00
	nent For: Primary General Other (specify)		Contribution	
CURTOTAL of Diskursesses This Days (autional)				2000.00
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				2000.00

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 15 OF 16	ô
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		_
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 3	6 0b
Anninformation conicd from such Departs and Chalen				- 00
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				_
Renaissance Health Service Corpo	ration Political Actio	n Committe	ee	
Full Name (Last, First, Middle Initial)				
A. Committee to Elect Manning			Date of Disbursement	
Mailing Address 5380 Barton Road			12 10 2015	
,	State Zip Code		Transaction ID: 22864024	
North Ridgeville Purpose of Disbursement	OH 44039			
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		1
OH Sen. Gayle Manning		Type	500.00	J.
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		Contribution	
State: District:				
Full Name (Last, First, Middle Initial) B. Troy Balderson for State Senator			Date of Disbursement	
			M = M / D = D / Y = Y = Y	
Mailing Address 3760 Greenbriar Drive			12 10 2015	
City S Zanesville	State Zip Code OH 43701		Transaction ID: 22864025	
Purpose of Disbursement Contribution		244	Assessment of Early Dichessess and this Decirel	
Candidate Name		011	Amount of Each Disbursement this Period	
OH Sen. Troy Balderson		Category/ Type	500.00	ı
Office Sought: House Disbursen	nent For:	Турс		
Senate President	Primary General Other (specify) ▼		Contribution	
State: District:				
Full Name (Last, First, Middle Initial) C. Peterson for Good Government			Date of Disbursement	
Mailing Address 5564 Grassy Branch Road			12 10 2015	
City	State Zip Code			-
Sabina	OH 45169		Transaction ID: 22865630	
Purpose of Disbursement Contribution		011		
Candidate Name			Amount of Each Disbursement this Period	
OH Sen. Bob Peterson		Category/ Type	500.00	ı
Office Sought: House Disburser	nent For:			
Senate President	Primary General		Contribution	
State: District:	Other (specify) ▼			
				ī
SUBTOTAL of Disbursements This Page (optional)			1500.00	
TOTAL This Period (last page this line number only)				1

SCHEDULE B (FEC Form 3X)	Han annount and 1177	FOR LINE I	NUMBER:	PAGE 16 OF 16
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c X 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or use	d by any perso	on for the purpose of s	soliciting contributions
NAME OF COMMITTEE (In Full) Renaissance Health Service Corpo				odori oommillees.
Full Name (Last, First, Middle Initial)			Date of Disburseme	ant
A. Friends of Heard			Date of Disburseme	ent
Mailing Address 1121 Gartner Court	12 30	2015		
Obetz	State Zip Code OH 43207		Transaction ID : 2	2945976
Purpose of Disbursement Void - Friends of Heard		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		-250.00
OH Rep. Tracy Heard Office Sought: House Disbursem	nent For:	Type		200.00
Senate President	Primary General Other (specify) ▼		Void - Friends of Hea	ard
State: District: Full Name (Last, First, Middle Initial)				
B.			Date of Disburseme	
Mailing Address			M = M / D = D	/
City	State Zip Code			
Purpose of Disbursement			Amount of E	aburaament III-la Dalain
Candidate Name		Category/ Type	Amount of Each Di	sbursement this Period
	nent For: Primary General Other (specify)	21.5	,	
Full Name (Last, First, Middle Initial)				
c.			Date of Disburseme	_
Mailing Address	Mailing Address			/
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type		sbursement this Period
	nent For: Primary General Other (specify) ▼	.,,,,,	7	7
				-250.00
SUBTOTAL of Disbursements This Page (optional)		······		-250.00
TOTAL This Period (last page this line number only).				4200.00